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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28259

State File No.

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural - Union, Mo.
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Walter Joseph Overschmidt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 12, 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
--	--	9	hr. min.

9. Birthplace Washington Union, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Leo Overschmidt
13. Birthplace Union, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Florence Berend
15. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Overschmidt
(b) Address Union, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Wm Hutton
(b) Address Union, Mo.

19. (a) Aug. 22. 1941 (Date received local registrar) (b) H. A. Mory (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21 year 1941 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 8-12, 1941, to 8-21, 1941, that I last saw him alive on 8-21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Prematurity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Denny (M. D. or other) MD
Address Union Mo. Date signed 8-22-41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Wm H. Horn

Licensed Embalmer No. 3175

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.