

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

Registration District No. 908

Primary Registration District No. H 549

Registrar's No. 5A

1. PLACE OF DEATH:
 (a) County WRIGHT
 (b) City or town MOUNTAIN GRAVE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County WRIGHT
 (c) City or town MOUNTAIN GRAVE
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ROBERT OVERBY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 15 year 1941 hour 9 minute 0

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife HATTIE TOORE OVERBY 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 13 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 15 to Aug 15 1941.
He had no medical care until he was dead.
 that I last saw him alive on Aug 14 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 4 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration 12 hrs

9. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

Due to Chronic Hypertension 20 yrs
Chronic Interstitial Nephritis 20 yrs

10. Usual occupation DRY GOODS and RETAIL BUSINESS

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER
 11. Industry or business _____
 12. Name RIGGS OVERBY
 13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
 14. Maiden name CYNTHIA MOORE
 15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

Major findings: Of operations 1310
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant MRS W R OVERBY
 (b) Address MTN. GROVE, MO.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof 8-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation WEST PLAINS

(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 injury) (Means of injury)

18. (a) Signature of funeral director GEORGE STAPP
 (b) Address MOUNTAIN GROVE, MO.

While at work _____
 25. Signature H. J. Frame (M. D.)
 Address Mountain Grove, Mo. Date signed 8/26/41

19. (a) 10-20-41 (b) Bernice Montgomery
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 1141-1753

Date Filed NOV 17 1941

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Wm. Stapp

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, fact should be so stated above.