S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24730

FILED JUL 24 1943

Registration District No. 2

Primary Registration District No. 3013

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Clay

(b) City or town No Kan City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 421 South Main St
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MITCHEL H. OVERTON

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah E. Overton

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb (Month) 22 (Day) 1884 (Year)

8. AGE: Years 59. Months 4 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation R.R. Conductor

11. Industry or business Burlington RR Co

FATHER
12. Name Phillip Overton
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Sarah E Watts
15. Birthplace Chillicothe (City, town, or county) Mo (State or foreign country)

16. (a) Informant Burlington R.R. Co

(b) Address No K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director Morton Funeral H

(b) Address North K.C. Mo

19. (a) July 20-43 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1943 hour 11 minute a M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw ..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death accident
Run over by C.B.&Q train at yards in North K.C. Mo.

Due to .....

Due to Coroner Case

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

Major findings:
Of operations .....

Of autopsy Coroner Case

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7-18-1943

(c) Where did injury occur? Burlington R.R. Yards (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place (Specify type of place)

While at work? yes (e) Means of injury .....

23. Signature R.W. Prather Coroner (M. D. ~~or other~~)

Address Excelsior Springs Mo Date signed 7-20-43

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 7-23-43

OCT 18 1945

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 John S. Morton

Licensed Embalmer No. 4349

P. O. Address Yoakum

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.