

FILED JAN 12 1946
233

State File No.

Registration District No.

Primary Registration District No. 3074

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 513 St. Stephens 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 1811
(c) City or town Sikeston, MO 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jackie Dale Overton

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M race W 5. Color or race W
6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 10 14 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 22 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Howard Overton
13. Birthplace Muskogee, OK
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Brown
15. Birthplace Sikeston, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charley Brown
(b) Address Sikeston, MO

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cremated - Peace

18. (a) Signature of funeral director W. Albritton
(b) Address

19. (a) 12-31-45 (b) Mrs. T. F. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1945 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 1 19..... and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Strangulation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. Taylor, Coroner
Address Sikeston, MO Date signed 12/19/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 146-73

Date Filed 1-10-46

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.....

not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

John Allerton

Licensed Embalmer No. 2941

P. O. Address *Specter*

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

If this body is not embalmed, fact should be so stated above.

Registration District No. *333*

Primary Registration District No. *3074*

Registrar's No.

1. PLACE OF DEATH:

(a) County *Scott*
(b) City or town *Libertan*
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 *Jackie D. Overton*

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *S*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased *Oct 14* (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year *1945* Hour _____ minute _____ M.

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

Due to *transpiration*
vomiting and
Entanglement in bed
clothing
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____ *1952/19*

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

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature *Dwight Taylor* (M.D. or other) _____
Address *Libertan, Mo.* Date signed _____

SUPPLEMENTARY

MOTHER FATHER

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

42620