

S. No. 2
DM-5-43
v. 5-17-39
I X3667

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF THE CENSUS
FEDERAL BUREAU OF INVESTIGATION
U. S. GOVERNMENT PRINTING OFFICE: 1964 O - 348-100
STANDARD CERTIFICATE OF DEATH

State File No. **27296**

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **3386**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
3414 Coleman Road
(d) Length of stay: In hospital or institution **61 years**
In this community **61 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3414 Coleman Road**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Joseph Overly**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **3rd** year **1946** hour **10.45** P.M.
21. I hereby certify that I attended the deceased from **June 28 1946** to **August 3 1946**
that I last saw **him** alive on **August 3 1946** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Rose Overly**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **July 1, 1862**

Immediate cause of death
Bronchial Pneumonia Rt. Lungs
Due to **Myocardial Infarction**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **107**
Of autopsy

8. AGE: Years **84** Months **1** Days **2** If less than one day hr. min.

9. Birthplace **Providence, Ohio**
10. Usual occupation **Real Estate**
11. Industry or business **Heim-Overly Real Estate**

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

MOTHER FATHER
12. Name **Elias Overly**
13. Birthplace **Alsace-Lorraine**
14. Maiden name **No record**
15. Birthplace **Ireland**

16. (a) Informant **George L. Overly**
(b) Address **3414 Coleman Road**
17. (a) (b) Date thereof **August 6, 1946**
(c) Place: burial or cremation **Mt. St. Mary's**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Thos. E. Quirk Funeral Home**
(b) Address **4316 Troost Ave.**
19. (a) **8-6-46** (b) **Steraldine Holmes**

23. Signature **John A. Seim**
Date signed **8/6/46**

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

261,327

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 *Thomas E. Lusk*

Licensed Embalmer No. *3775*

P. O. Address. *P. O. Box*

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.