

No. 2
-12-45
5-17-39
X47070

State File No. _____

FILED DEC 31 1946

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 147

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
HOME WATER STREET /
(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 COOPER 27

(c) City or town BOONVILLE 1
(If outside city or town limits, write "RURAL")

(d) Street No. WATER STREET 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES HENRY OVERTON

3. (b) If veteran, name war NONE

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 17th
year 1946 hour 12:30 minute _____ a.m.

21. I hereby certify that I attended the deceased from Dec 16
5 1946 to Dec 17 1946
that I last saw him alive on Dec 16 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NEGRO

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

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

7. Birth date of deceased APRIL 6 - 1889
(Month) (Day) (Year)

Immediate cause of death
Cerebral apoplexy 1 day

8. AGE: Years Months Days If less than one day
57 8 11 hr. _____ min.

Due to (no previous record)

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation LABORER

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

11. Industry or business DAY LABOR

Major findings: Of operations 63A

12. Name CHAPMAN OVERTON

Of autopsy _____

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name HARRIET NELSON

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant SILAS H. OVERTON

(b) Address KANSAS CITY - MO.

17. (a) burial (b) Date thereof 12/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GOOCH'S MILL, MO.

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE, MO.

19. (a) 12-18-46 (b) [Signature]
(Data received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) [Signature]
Address Boonville, Mo. Date signed 12-18-46

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

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

MOTHER FATHER

381

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-28-46

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 786

P. O. Address Bonwell, 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, fact should be so stated above.