S. No. 2
1—12-45
v. 5-17-39
P-1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5007

Registrar's No. 749

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5707 HIGHLAND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 36 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5707 HIGHLAND
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH ADELAIDE OVERTON
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ALFRED OVERTON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. 25. 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 22 If less than one day hr. min.

9. Birthplace OHIO (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name SAMUEL BOICE
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SARAH TOWNSEND
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant DORA A DENISON
(b) Address 5707 HIGHLAND
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL
18. (a) Signature of funeral director DW Newcomer Sons
(b) Address 1401 BRUSH CREEK. KC
19. (a) 2-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17th year 1947 hour 12 minute 25 P.M.
21. I hereby certify that I attended the deceased from Feb. 15 1947, to Feb. 17 1947, that I last saw her alive on Feb. 16 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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

23. Signature H Detlefsen M.D. (M. D. or other)
Address 1303 Conl Exch Bk Date signed 2/17/47
K. Cmo.

(Licensed Embalmer's Statement on Reverse Side)

1303 Woolheim Bldg.

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K.C. 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.