

No. 2
M-5-43
5-17-39
I X36671

FILED JUN 24 1947

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
515 N. Nettleton ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **3 year** years, months or days)

3. (a) PRINT FULL NAME **Oscar E. Overman**
3. (b) If veteran, name war **NIL** 3. (c) Social Security No. **NIL**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Matthew Nash Overman**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 20 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 19 hr. min.

9. Birthplace **Mooreville, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
11. Industry or business **Retired**

MOTHER FATHER

12. Name **Not Known** 9
13. Birthplace **Not Known** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Not Known** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nettie A. Davidson**
(b) Address **515 N. Nettleton ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 21 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **White Oak Cemetery**
Near Rogersville, Mo.

18. (a) Signature of funeral director **Walter A. Brown**
(b) Address **Walnut Street, Mo.**

19. (a) **5-19-1947** (Date received local registrar) (b) **W E Handley** (Registrar's signature) **40**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**
(c) City or town **Springfield, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **515-Nettleton**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19th**
year **1947** hour **4** minute **30** p.M.
21. I hereby certify that I attended the deceased from **4-15-47** to **4-29-47**
that I last saw him alive on **4-24-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Coronary Artery Disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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? **0**

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **W. A. Handley** (M. D. or other) **W. A. Handley**
Address **Springfield, Mo.** Date signed **7/19/47**

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

19
2
6

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.....

..... *Rep Miller*, Registered Apprentice No. *459*,
working under my personal supervision.

Signed *Gene A. Brinn*

Licensed Embalmer No. *2664*

P. O. Address *Walmat Ave. Ma.*

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.