S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42596

Registration District No. 274 — Primary Registration District No. 3052 — Registrar's No. 447

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 111 West 6th 3 (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: Missouri (b) County: Adair 1
(c) City or town: Kirksville 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 1307 E. Jefferson 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Homer Overstreet
3. (b) If veteran, name war: None
3. (c) Social Security No.: /
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Tena Hendricks Overstreet
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: June 25 (Month) 1900 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	6	2	hr. min.

9. Birthplace: Linn County Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation: Salesman
11. Industry or business:
FATHER
12. Name: Arch Overstreet
13. Birthplace: xx (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name: Grace Logan
15. Birthplace: xx (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant: Mrs. Tena Overstreet
(b) Address: Kirksville, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Kirksville, Mo.
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo
19. (a) 12/28/47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1947 hour 9:10 minute P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ December 27, 19 47 to ~~that I last saw a coroner alive on~~ as coroner, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Internal Hemorrhage, multiple Fracture of Skull, Laceration of Brain	1 min
Due to: gun shot wounds in hand & chest	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): homicide
(b) Date of occurrence: 12/27/47
(c) Where did injury occur? Sedalia (City or town) Pettis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 111 W. 6th - House (Specify type of place)
While at work? no (e) Means of injury: Pistol 2
23. Signature: Dr. K. L. Hobson (~~M.D.~~ or other) D.O.
Address: 315 Ilg. Bldg - Sedalia, Mo. Date signed: 12/28/47
coroner

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....
Date Filed 1-12-42

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 Warren R. Deitz Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.