

No. 2
-12-45
-17-39
X4670

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7716
Registrar's No. 2

Registration District No. 2

Primary Registration District No. 3001

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
614 West Union
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 614 W. Union
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Gerald Overton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 7
year 1948 hour 10 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 7
1948, to Jan 7, 1948
that I last saw him alive on Jan 7
and that death occurred on the date and hour stated above.

4. Sex Male race Color
5. Color or race ed
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased December 7, 1917
(Month) (Day) (Year)

Immediate cause of death Pneumo pneumonia
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months 1 Days 0 If less than one day _____ hrs _____ min.

9. Birthplace Vandalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James Overton

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

14. Maiden name Wilnetta Price

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

16. (a) Informant Velma Price

(b) Address 614 W. Union VANDALIA MO

17. (a) Burial (b) Date thereof Jan 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cem.

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Mo

19. (a) Jan 8 1948 (b) Walter Tugue
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature H. H. Blaud (M. D. or other) _____
Address Vandalia Mo Date signed 1/8/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

4
2
1

4
2
0

RECEIVED
District Health Officer No. 10
District Number 3-48-574
Date Filed MAR 31 1948

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 H. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.