

87 JAN 25 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44286

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743  
(b) Township Fishing River Primary Registration District No. 6237  
(c) City 1 (d) Street No. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Overman Michael

(a) Residence, No. 240 St. 1  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Knapp Michael

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 3 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County 0

13. NAME John Fredrick Overman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Mrs. Olive Cox  
R. F. D. Orrick, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Riffe DATE 1/1/39

19. FUNERAL DIRECTOR (ADDRESS) Gibson & Son  
Orrick, Missouri

20. FILED 1/1 38 Al Campbell, M.D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, '38 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938, to Dec. 31, 1938

I last saw him alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 1:10 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Influenza 92C

Date of onset 2

12/30

Other contributory causes of importance:

Advanced Kyphosis  
Senility

Name of operation None Date of 2  
What test confirmed diagnosis? Cholera Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Al Campbell M. D.  
Orlick, Mo.

**STATEMENT BY LICENSED EMBALMER**

**Not embalmed.**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**