

*Petty, Emma Overwein 1895 - 1949*

Cincinnati Enquirer - April 10, 1949

~~PETTY~~ Emma (nee Overwein), beloved wife of Edward C. Petty, devoted mother of Edward C. Jr. and Jack H. Petty, and Mrs. Lorraine Hauser, and sister of Mrs. Angela Baller and Joseph W. Overwein of Covington, Ky., at her residence, 3332 Spokane Ave., Saturday, April 9, 1949. Funeral services at the Frank T. Corken funeral home, 2821 Reading Rd., near Oak St., Tuesday, April 12, at 2:30 P. M. Friends please call Monday after 2 P. M.

Petty, Emma Overwein 1895 - 1949

OHIO DEPARTMENT OF HEALTH															
DIVISION OF VITAL STATISTICS						State File No. <u>23467</u>									
Reg. Dist. No. <u>494</u>						Registrar's No. <u>2321</u>									
Primary Reg. Dist. No. <u>9227</u>						CERTIFICATE OF DEATH									
1. PLACE OF DEATH a. COUNTY <u>Hamilton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Hamilton</u>											
b. CITY (If outside corporate limits, write RURAL OR and give township) <u>McMinn</u>				c. LENGTH OF STAY (In this place) <u>4</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Cincinnati</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET (If rural, give location) <u>3332 SPOKANE</u>											
3. NAME OF DECEASED (TYPE OR PRINT) <u>EMMA</u>			a. (First)			b. (Middle)			c. (Last) <u>Petty</u>						
4. DATE OF DEATH <u>4 9 1949</u>		4. DATE (Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12-27-1895</u>					
9. AGE (In years last birthday) <u>53</u>		Under 1 Year		If Under 24 Hrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Covington Kentucky</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Henry Overwein</u>		14. MOTHER'S MAIDEN NAME <u>Anna Hueninghake</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE <u>Edward C. Petty</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asbestia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <u>Mitral Stenosis &amp; decompensation</u> DUE TO (c) <u>410X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>  <u>years</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. [CITY, VILLAGE, OR TOWNSHIP] (COUNTY) (STATE)					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from <u>1948</u> , to <u>4-9-1949</u> , and that death occurred <u>April 1 p.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>A. Celler Williams, MD</u>				(Degree or title)				23b. ADDRESS <u>1620 Madison Rd. Cincinnati, O</u>				23c. DATE SIGNED <u>April 13, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-12-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>				24d. LOCATION (City, town, or county) (State) <u>Covington Kentucky</u>							
BIRTH NO.						NAME OF EMBALMER (LIC. NO.) <u>J. A. Martin 4558 A</u>									
Do not write in this space						25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Paul Corbin 475</u>									
DATE REC'D BY LOCAL REG. <u>APR 18 1949</u>		REGISTRAR'S SIGNATURE <u>R. E. Welton D.</u>													