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

NOV 14

34873
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 399
(b) Township KAW Primary Registration District No. 6002 Registered No. 3848
(c) City KANSAS CITY (d) Street No. 3123 CAMPBELL St.
(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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. LILLIAN SHIMP COVELL
(a) Residence, No. 3123 CAMPBELL St.
(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 LEWIS COVELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-15-1873

7. AGE: Years 66 | Months 6 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) MUSCOTAH
(STATE OR COUNTRY) KANSAS

FATHER
13. NAME N. K. SHIMP
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) VIRGINIA

MOTHER
15. MAIDEN NAME ANNA WORTMAN
16. BIRTHPLACE (CITY OR TOWN) SPRINGFIELD
(STATE OR COUNTRY) PENNSYLVANIA

17. INFORMANT MISS ELLA SHIMP
(ADDRESS) 3123 CAMPBELL

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE OCT 6 - 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS
(ADDRESS) 1401 BRUSH CREEK BLVD.

20. FILED 10-5 1939 M. M. Crouse Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-5 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939 to Oct. 5, 1939
I last saw her alive on Oct 4, 1939. Death is said to have occurred on the date stated above, at 12:20 A.m.
The principal cause of death and related causes of importance were as follows:

Acute ascending Paralysis.
8 | N

Date of onset: several months

Other contributory causes of importance:
Anemia & malnutrition.

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? no

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. H. Geilinger, M. D.
(Address) 715-17 Argyle Bldg K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X14028

113 Argyle Bldg.
10-5

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 Emile M Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City 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, above space should be left blank.