No. 2
-1-4-41
-17-39
X2639
248

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20633

Registrar's No. 2163

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-12-41-6-1-41 (Specify whether years, months or days)
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2221½ E. 18th St. O
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Anna Covington
3. (b) If veteran, name war .....
3. (c) Social Security No. none

4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harry Covington
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: 9 (Month) 30 (Day) ~~1898~~ 1894 (Year)

8. AGE: Years ~~53~~ 46 | Months 8 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace: Liberty, (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business .....

FATHER
12. Name: Louis Long
13. Birthplace: Plattsburg, Mo. (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name: Melissa-
15. Birthplace: Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: Gen. Hosp. #2
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof: 6/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty, Mo.
18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1739 Lydia Ave. K.C. Mo.
19. (a) 6/4/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1 year 41 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 4-12- 1941 to 6-1- 1941 that I last saw her alive on 6-1- 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Carcinomatosis	
Due to: Carcinoma of Cervix	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury O

23. Signature: D. C. Turner (M. D. or other)
Address: Gen. Hosp. #2 Date signed 6-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 G. Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E 23rd St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.