

40  
20110

FILED

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.

JAN 24 1942

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

41005

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City Kansas City, Mo. (d) Street No. St. Vincent's Hospital Registered No. 4683  
 (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 Infant Covey

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/17/41</u>		
7. AGE YEARS	MONTHS	DAYS
<u>X</u>	<u>X</u>	<u>X</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, <u>33</u> hrs. or <u>33</u> min.
9. Industry or business in which work was done, as saw mill, bank, etc.		<u>Infant</u>
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) <u>Kansas City, Missouri</u>		
FATHER	13. NAME <u>Otis C. Covey</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rich Hill Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Georgia A. Limbaugh</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Missouri</u>	

17. INFORMANT (ADDRESS) Hospital Record  
K. G. Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Removal Rich Hill 12/17/4119. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. BLACKMAN & SON, INC.  
2825 Indep. Blvd., K. C. Mo.20. FILED Dec 17 41 M. M. Crowl  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 194122. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1941, to Dec 17, 1941.I last saw h.r. alive on Dec 17, 1941. Death is saidto have occurred on the date stated above, at 5:40 a.m.

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

Premature separation of after birth

Date of onset

12-16-41Other contributory causes of importance: 159Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? none

If so, specify \_\_\_\_\_

(Signed) H. L. Lano, M. D.(Address) 824 Riello Alley

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**