S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

5273

State File No.

FILED MAR 16 1942

Registration District No. 399 Primary Registration District No. 100 Registrar's No. 827

**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: K C Gen Hospt (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether

In this community 7 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3308 - E - 25 St (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy Coverston

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 9 (Day) 1861 (Year)

8. AGE: Years 80 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Henry Coverston
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Barker
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K C Gen Hospt

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation La Cygne Kansas

18. (a) Signature of funeral director Tessee Funeral Home

(b) Address La Cygne Kansas

19. (a) 3/1/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 1 year 1942 hour 6 minute 07 A.M.

21. I hereby certify that I attended the deceased from Feb 21 1942 to March 1 1942 that I last saw her alive on March 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephro-sclerosis Fractured L hip.

Due to

Other conditions 186a (Include pregnancy within 3 months of death)

Major findings:
Of operations 1 X
Of autopsy

Duration

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) Acc 123

(b) Date of occurrence 2-21-42

(c) Where did injury occur? K. C. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Henry R. Thom (M. D. or other)

Address Med Dis K C G Hospt Date signed

501

(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 Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address K C Kansas

**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, fact should be so stated above.**