

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6598

FILED MAR 2 1942

Registration District No. _____

Primary Registration District No. 4182

Registrar's No. _____

1. PLACE OF DEATH: Gasconade
(a) County. Gasconade
(b) City or town. Hermann
(c) Name of hospital or institution. 103 East Third Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 years
(Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME. ROBERT CALVIN COVEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex. Male () 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Alice Covey 6. (c) Age of husband or wife if alive. 64 years
7. Birth date of deceased. Feb. 10 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 10 If less than one day hr. min.

9. Birthplace. Mercer Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation. Retired Laborer

11. Industry or business _____
12. Name. John Covey
13. Birthplace. Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name. Unknown
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Alice Covey
(b) Address. Hermann, Missouri
17. (a) Burial (b) Date thereof. 1/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Hermann City Cemetery
18. (a) Signature of funeral director. Hugo H. Blumer
(b) Address. Hermann, Missouri
19. (a) 1-22-42 (b) Anna K. Rieckhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Gasconade
(c) City or town. Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 103 East Third Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month. January day 26
year. 1942 hour. 3:15 A.M. minute. M.
21. I hereby certify that I attended the deceased from Dec. 25, 1941
to Jan. 20, 1942
that I last saw him alive on January 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchial Pneumonia
Duration 2 days.
Due to _____
Due to _____
Other conditions. Chronic myocarditis
(Include pregnancy within 3 months of death) 1 yr.

PHYSICIAN
Major findings: Of operations _____
Of autopsy 107
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?

While at work? _____ (Specify type of place) (e) Means of injury. _____
23. Signature. J. Kessling (M. D. or other) _____
Address. Hermann, MO, Date signed 1-21-42

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.