

WS. No. 2
0M-9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41775

FILED JAN - 7 1943

Registration District No. 316

Primary Registration District No. 6075-

Registrar's No. 54

94
0
0

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

1. PLACE OF DEATH: St. Francis

(a) County Rural - St. Francois

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County St. Francois

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Allen Covington

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Frances 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 13, 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 42 hour 10:45 minute 9 P.M.

21. I hereby certify that I attended the deceased from Nov 11, 1942 to Nov 22, 1942 that I last saw him alive on Nov 11, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 7 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral occlusion

Due to Chronic Myocarditis

9. Birthplace St. Genevieve Co - 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations 93d

11. Industry or business _____

12. Name Joseph Thiel Covington

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Hilda Frasher

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cora Covington

(b) Address Rfd, Farmington Mo

17. (a) Buried (b) Date thereof Nov 25 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View Cem

18. (a) Signature of funeral director Sparks and Co

(b) Address W. W. Sparks

19. (a) Dec. 31, 1942 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury _____

23. Signature R. Applin (M. D. or other) _____

Address Farmington Mo Date signed 12/29/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 143-13-19
Date Filed 1-5-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Everett Sparks.....

Licensed Embalmer No. 4287.....

P. O. Address Elwins 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, fact should be so stated above.