

Registration District No. 149
JAN 22 1943

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City

(c) Name of hospital or institution: 1238 Huntington Road, /
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution no.
(If not in hospital or institution, write street number or location)

In this community 65 years.
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1238 Huntington Road,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Mary Noland Covington,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard H. Covington, 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 16 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>27 1/2</u>	hr. min.

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

10. Usual occupation Housewife,

11. Industry or business x

12. Name John B. Noland,

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

14. Maiden name Mary B. Thompson,

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

16. (a) Informant Richard H. Covington,

(b) Address 1238 Huntington Road, K.C., Mo.

17. (a) Removal (b) Date thereof 1-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Stine & McClure,
3235 William Plaza, K.C., Mo.

19. (a) 1-12-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th
year 1943 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 15 1942 to Jan 12 1943
that I last saw her alive on Jan 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to 4 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cerebral hemorrhage
Of operations Pneumonia
Of autopsy

Duration 6 weeks
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? _____

23. Signature J. V. Dell (M. D. or Nurse)
Address 1137 Reginald Date signed Jan 12/43

Dr. L. Milne

John B. Ed.

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..... *S. J. Allen*

Licensed Embalmer No. *1415-*

P. O. Address..... *KC 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.