7. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1943

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 5252

Registrar's No. 602

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:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (specify whether
In this community 66 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Wyandotte "
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 Haskell Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 9

3. (a) PRINT FULL NAME Frank Lee Hovey
3. (b) If veteran, name war no.
3. (c) Social Security No. 702-14-5514
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased January (Month) 22 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
66	0	12	hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Missouri Pacific R.R.
FATHER 12. Name Andrew B. Hovey
FATHER 13. Birthplace (City, town, or county) New York (State or foreign country)
MOTHER 14. Maiden name Eliza Taylor
MOTHER 15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Annie Hovey
(b) Address 1114 Haskell Ave K.C.K.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Geo. H. Long
(b) Address Kansas City, Kansas
19. (a) 2-5-43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1943 hour 3 minute 25 A.M.
21. I hereby certify that I attended the deceased from Feb. 2, 1943, to Feb 4, 1943
that I last saw h alive on Feb. 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Severe anemia with myocardial degeneration	?
Due to	
GJM	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Fluid in the lung cavities. a pericardium. Degenerative myocardium

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature F. E. Castle D (M. D. [redacted])
Address 1002 Argyle Bldg Date signed 2-5-43

(Licensed Embalmer's Statement on Reverse Side) Kansas City Mo.

Dr. J. E. Castles
Argyle Bldg.

AUG 24 1951

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.....Geo. K. Long.....

Licensed Embalmer No. 1263

P. O. Address.....T. C. K.

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.