

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1944
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33078
State File No. 4022
Registrar's No.

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 J. P. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5021 G St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community 46 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 47
(If outside city or town limits, write "RURAL")
(d) Street No. 5021 G St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lou D. Covert

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena B. Covert
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 29 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>9</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Wallpaper

MOTHER FATHER

12. Name John S. Covert

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

14. Maiden name Sophia Swallow

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

16. (a) Informant Harry J. Covert

(b) Address 1618 G 42 St.

17. (a) Burial (b) Date thereof Oct 8 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Re Ray Maus

18. (a) Signature of funeral director Mr. A. L. Foster

(b) Address 913-920 Broadway

19. (a) 10-7-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1944 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 7, 1944 to Oct 5, 1944
that I last saw him alive on Oct 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Converging liver and stomach
Duralton

Due to _____

Due to 465

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Harry George (M. D. or other) _____

Address 2014 Broadway Date signed Oct 7 - 44

2678 Cleveland
St. 2001
Between 1 & 2

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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Ke 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.