

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X38671

FILED DEC 13 1944

Registration District No. 13

Primary Registration District No. 5291

Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution 5
(Specify whether years, months or days)

In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town RR #4
(If outside city or town limits, write "RURAL")

(d) Street No. No 120 Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK ARTHUR COVEY

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1944 hour 8:30 PM minute — M.

21. I hereby certify that I attended the deceased from July 15, 1944 to Nov 10, 1944
that I last saw him alive on Nov 10, 1944
and that death occurred on the date and hour stated above.

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 59 years

7. Birth date of deceased: Nov 16 1877
(Month) (Day) (Year)

Immediate cause of death General Atherosclerosis 10 yrs.

Due to —

Due to —

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>11</u>	<u>24</u>	hr. <u>—</u> min. <u>—</u>

Other conditions — 97
(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

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

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Hiram Covey

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

14. Maiden name Lucinda Mills

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

PHYSICIAN —

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Alice Covey

(b) Address Rte #4 - No 120 Mo

17. (a) Removal (b) Date thereof 11-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peabody, Mo

18. (a) Signature of funeral director Modern Funeral Home

(b) Address Mo RR #4 Mo

19. (a) Nov. 11 - 44 (b) Helen Early
(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)

(c) Means of injury —

23. Signature Antonia Malby (M. D. or other) MD

Address Clayton Mo. Date signed 11-11-44

426

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

12-12-44

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

Jack W. Laybourn

Licensed Embalmer No. *1715*

P. O. Address *R. E. 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.