

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5146**

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

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:
123 South Jackson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)
 In this community **50** years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **49**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **123 South Jackson**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

3. (a) PRINT FULL NAME **Robt. E. Coverley**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **wh**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **_____** years
 7. Birth date of deceased **Jan 20th 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	10	25	_____ hr. _____ min.

9. Birthplace **England** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Painter**

11. Industry or business _____

MOTHER FATHER

12. Name **William Coverley**

13. Birthplace **England** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Lightfoot**

15. Birthplace **England** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Coverley**
 (b) Address **Denver Colo**

17. (a) **Cremation** (b) Date thereof **Dec 19th 44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Cremation Elmwood Cem**

18. (a) Signature of funeral director **Dylar Funeral Home**
 (b) Address **Kansas City Mo**

19. (a) **12-18-44** (b) **T. E. Barron (Vg)**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **15th**
 year **1944** hour **6** minute **P** M.
 21. I hereby certify that I attended the deceased from **June**
 _____, 19 **44** to **Dec 15**, 19 **44**.
 that I last saw him alive on **Dec 12**, 19 **44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Ischemic heart disease**
 Due to **arteriosclerosis - atherosclerosis**
 Due to _____

Other conditions **94a**
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

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)

23. Signature **Elmer J. Atch** (M. D. or other)
 Address **3850 Prospect** Date signed **12-18-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr Chas Wyatt
3850 Prospect
Wa 6110

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

Blaw E. Heck

Licensed Embalmer No. *4063*

P. O. Address *1809 Linwood Blvd.*

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.