S. No. 2
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I X37823

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

21407

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22543

State File No.

FILED JUL 10 1946

Registration District No. 376 Primary Registration District No. 6282 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Wright

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Macomb Junction 0
(If outside city or town limits, write "RURAL")

(d) Street No. Norwood, Mo. Route # 1 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Carlon Sue Covington

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 24 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day 0 hr. 15 min.

9. Birthplace Macomb Junction (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name Lindell Covington 0
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ellen Wilson
15. Birthplace Rippie (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Bob Wolfe
(b) Address Norwood, Mo. Route # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 25 (Day) 46 (Year)
(c) Place: burial or cremation Retheford Cemetery

18. (a) Signature of funeral director Boulden Fun & Fun Home
(b) Address Norwood, Mo.

19. (a) 6-1-46 (Date received local registrar) (b) Mrs A. R. Worsham by Mrs Roy Burnett Deputy (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from May 24 1946, to May 24 1946 that I last saw her alive on May 24 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions Pronounced
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

159

Duration

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 0

23. Signature [signature] (M. D. or other)

Address Norwood Mo. Date signed 5/31 1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District number 746-734
Date Filed JUL 9 - 1946

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 The body was not prepared, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Howlett

Licensed Embalmer No. 4317

P. O. Address Norwood 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.