DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40523

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5202

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: Home- 6014 East 11 th, St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 6014 East 11th, St. (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Nellie M. Covey
3. (b) If veteran, name war: No
3. (c) Social Security No.: 499-14-2694
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clarence Covey
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Dec. (Month) 28th (Day), 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
44	11	11	____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Arthur E. Williams
13. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Virginia George
15. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Clarence Covey
(b) Address: 6014 East 11th, St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 East 15th, St.
19. (a) 12-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th, year 1946 hour 8 minute 30A. M.
21. I hereby certify that I attended the deceased from Coron, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Insufficiency — Duration
Due to: Uterus scirrhous
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 956
Major findings: Of operations: ____
Of autopsy: no
Hartley & Inspection

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: [signature] (M. D. or other)
Address: 1424 [illegible] Date signed: 12-9-46

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Camp

Licensed Embalmer No. 29/53

P. O. Address N.C. Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.