

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43342

FILED JAN 14 1947

State File No.

Registration District No.

Primary Registration District No. 4547

Registrar's No. 46

1. PLACE OF DEATH:

(a) County North  
(b) City or town Grant city  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 45 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Benjamin Coverdell

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex m 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dr. Francis Coverdell 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 29 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 24 If less than one day .hr. min.

9. Birthplace Grant city Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Geo. W. Coverdell

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

14. Maiden name Elizabeth Miller

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

16. (a) Informant Dr. Coverdell

(b) Address Grant city, Mo.

17. (a) Burial (b) Date thereof 12-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant city Cem.

18. (a) Signature of funeral director John C. Dingle

(b) Address Grant city, Mo.

19. (a) Dec 31-1946 (b) Leta E. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North  
(c) City or town Grant city  
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23  
year 1946 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from November, 1946, to 12-23, 1946;  
that I last saw him alive on 22 December, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary decompensation 1 month  
Due to Arterio Sclerotic Heart Disease years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 930

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, in industrial place, in public place?

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

23. Signature Leta E. Dawson (M.D. or other)  
Address Grant City, Mo Date signed 24 Dec 46

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *Arch C Dunfee* .....

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.**