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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 27 1947

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 170

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:
412 E. 13th St. Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 412 E. 13th St. Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Cecelia COVERT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Earl T. Covert

6. (c) Age of husband or wife if
alive 68 years

7. Birth date of deceased October 24, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>2</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace County Peele, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Michael Morrissey

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

14. Maiden name Mary Liston

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

16. (a) Informant Mrs. Daniel Murphy

(b) Address 414 E. 13th St. Terr., KC, MO

17. (a) Burial (b) Date thereof 1-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 1-14-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from about
1930, 19 to 1-13, 1947;

that I last saw her alive on 1-12-, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia
Bronchial

Due to Bronchial asthma

Due to arteriosclerosis

Other conditions _____
(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 Jan 13-47

(c) Where did injury occur? 1212 W. 13th St. Overton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature D. M. Ingram MD (M. D. or other) _____

Address 925 W. 13th St. Bldg Date signed 1-14-47

Duration _____

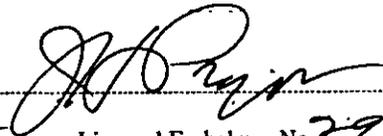
PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....



Licensed Embalmer No.....

2999

P. O. Address.....



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.