

No. 300
M-10-47
7-5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

16265

State File No. _____

FILED MAY 22 1948
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1999

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Joseph Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 426 - W. 46th. Terrace 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Harold F. Covey

3. (b) If veteran, name war World War I

3. (c) Social Security No. 490-10-9111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th.
year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from April 14-1948
1948, to May 10, 1948;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Virginia Covey

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased February 14th. 1900
(Month) (Day) (Year)

that I last saw him alive on May 9, 1948;

8. AGE: Years Months Days If less than one day

48 2 18 26 hr. min.

and that death occurred on the date and hour stated above.

Immediate cause of death Longest time heart failure to pulm. em

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

Due to hypertension myocarditis

10. Usual occupation Comptroller

Due to chronic diffuse nephritis

11. Industry or business K. C. School of Watchmaking

Other conditions divorced when, leading
(Include pregnancy within 3 months of death)

12. Name William O. Covey

Major findings: see above 131a

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

Of operations _____

14. Maiden name Lillian Clark
(City, town, or county) (State or foreign country)

Of autopsy see above 131a

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Virginia Covey

(a) Accident, suicide, or homicide (specify) _____

(b) Address 426 - W. 46th. Terrace

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 5-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Mt. Moriah Cemetery

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

18. (a) Signature of funeral director Freeman Mortuary

While at work? _____ (Specify type of place)

(b) Address Kansas City, Missouri

(e) Means of injury _____

19. (a) 5-11-48 (b) Meraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature R. Paul Wright (M. D. or other) M.D.
Address 1324 Prof. Bldg. K. C. G. Co. Date signed May 10 48

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas 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.