

FILED MAY 19 1949. THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15812**
1827

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>27 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2436 EAST 69TH STREET TERRACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2436 EAST 69TH STREET TERRACE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>	b. (Middle) <u>ROBERT</u>	c. (Last) <u>COVERT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-25-1949</u>
---	---------------------------	-------------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-2-1870</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	------------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>METHODIST CONFERENCE</u>	11. BIRTHPLACE (State or foreign country) <u>CARLINSVILLE, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>ROBERT W. COVERT</u>	13b. MOTHER'S MAIDEN NAME <u>JOHANNAN BADGLEY</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE BELL COVERT</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MINNIE B. COVERT-2436-E. 69TH TERR.</u>	ADDRESS
---	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon, rectum & kidney</u>		<u>About 4 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer, rectum primary</u>		
DUE TO (c) <u>Senility</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>154X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from January, 1946, to April 17, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Calvin A. Beard</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>2307 Bryant Pk. S.W. April 26, 1949</u>	23c. DATE SIGNED
---	---	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McWASHINGTON CEMETERY KANSAS CITY, MISSOURI</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-26-49</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill McCombs</u> ADDRESS <u>1331 BROSNCREEK DR. W. KANSAS CITY, MO.</u>
---	--	---

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

By our self.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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.