

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4710

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 500

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Kansas City		c. LENGTH OF STAY (in this place) 30 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1		STREET ADDRESS (If rural, give location) 807 1/2 E 31st	
3. NAME OF DECEASED (Type or Print) a. (First) Jennie		b. (Middle) M.	c. (Last) Covert
4. DATE OF DEATH Month Jan.		(Day) (Year) 31 55	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1884
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State of Foreign Country) Brookston, Neb.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Will Fetter	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lee Roy Covert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 567-24-8736	17. INFORMANT'S SIGNATURE OR NAME Lee Roy Covert
17. ADDRESS Same		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Bronchopneumonia	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)		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 Jan. 14 , 19 55 , to Jan 31 , 19 55 , that I last saw the deceased alive on Jan. 31 , 19 55 , and that death occurred at 2:04 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns		(Degree or title)	23b. ADDRESS 24th & Cherry Sts.
23c. DATE SIGNED 2/1/55		24. LOCATION (City, town, or county) (State) Kansas City, Kan.	
24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE 2-3-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 2-4-55	REGISTRAR'S SIGNATURE neva minshall	25. MUNICIPAL DIRECTOR'S SIGNATURE D. C. Weibel	
ADDRESS K. C. 8. Mo.			

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

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.....
Signature of Student Embalmer

Signed.....

B. E. Weibel

Licensed Embalmer No.....

P. O. Address.....

407
K.C. 8

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.