

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

40488
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township 1 Primary Registration District No. 9092
 (c) City Sedalia (d) Street No. 806 East 5th. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 160 Angelia Cover
 (a) Residence, No. 806 East 5th. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	7	17	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lancaster
 (STATE OR COUNTRY) Penn.

FATHER 13. NAME Jerimiah J. Cover
 14. BIRTHPLACE (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hannah Mary Jackson
 16. BIRTHPLACE (CITY OR TOWN) Youngstown
 (STATE OR COUNTRY) Ohio

17. INFORMANT M. E. Green
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 * PLACE Smithton, Mo. DATE Nov. 13, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
 (ADDRESS) Sedalia, Mo.

20. FILED 11-13-39 Mrs. Harry Sneed
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939 to Nov. 10, 1939
 I last saw her alive on about Nov 1, 1939. Death is said to have occurred on the date stated above, at 17 P. M.
 The principal cause of death and related causes of importance were as follows:
chronic peritonitis
chronic suppurative
chronic endocarditis
 Date of onset chronic

Other contributory causes of importance:
chronic suppurative
chronic endocarditis

Name of operation none Date of none
 What test confirmed diagnosis? chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Chas. Sneed, M. D.
 (Address) Sedalia, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
68/8/21
Date Filed

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..... *Geo. Dillard*.....

• Licensed Embalmer No..... 3868.....

P. O. Address:..... Sedalia, 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, above space should be left blank.