No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14316

MAY 13 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 403

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1126 Henry 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 1126 Henry (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME RICHARD L. COVELL

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife Louise Covell

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

7. Birth date of deceased May (Month) 25th. (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	10	12	hr. min.

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

10. Usual occupation Retired

11. Industry or business cook

FATHER
12. Name J.W. Covell
13. Birthplace N.Y. City (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Mary James
15. Birthplace N.Y. City (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Mrs. Ed Carter

(b) Address 1126 Henry St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph Mo.

19. (a) Apr. 8, 1940 (Date received local registrar) (b) A J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th. year 1940 hour 11 minute 15 a.M.

21. I hereby certify that I attended the deceased from March 28, 1940 to April 5, 1940 that I last saw him alive on April 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death angina Pectoris Dont Know Cold and Bronchitis 1 week

Due to arteriosclerosis 10 yrs

Due to

Other conditions 94 (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)

8.5 While at work? — (e) Means of injury ✓

23. Signature Charles H. Werner (M. D. or other)

Address 321 Kirkpatrick Bldg. Date signed 4-8-40

(Licensed Embalmer's Statement on Reverse Side)

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 C G Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.