

FILED JUN 19 1941

STANDARD CERTIFICATE OF DEATH

State File No. 19234

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. 19

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town HOUSTON PINEY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)
In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS (1)
(c) City or town HOUSTON
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM ANDERSON COVERT +

3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELIZABETH COVERT
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased AUG 31 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation DOCTOR

11. Industry or business

12. Name JAMES H. COVERT
13. Birthplace PENN.
14. Maiden name MARGARET MCFARLIN
15. Birthplace ILL. (City, town, or county) (State or foreign country)

16. (a) Informant ELIZABETH COVERT
(b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof MAY 13 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOUSTON

18. (a) Signature of funeral director Haylad V. Elliott
(b) Address HOUSTON, MO

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12 year 1941 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb. 15 1941 to May 12 1941 that I last saw him alive on May 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration 3 mo.

Due to
Due to 12/10

Other conditions Chronic Interstitial nephritis unknown (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?

While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry R. Rossy (M. D. or other) DO
Address Houston, Mo. Date signed 5-12-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 641722

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Piney Point
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Wm Anderson Covert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 8 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-8-1941 (b) Mabel Shacklett
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Henry R. Casey (M. D. or other) _____
Address Houston, Tex Date signed _____

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

SUPPLEMENTAL COPY

19234