V. S. No. 2
00M—2-43
5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43279

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 361

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: 520 E. 13TH ST. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 71 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

(c) City or town SEDALIA (If outside city or town limits, write "RURAL") 6

(d) Street No. 520 E. 13TH ST. (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOHN JACOB COVER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LENA

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 10 (Month) — 22 (Day) — 1860 (Year)

8. AGE: Years 83 Months 1 Days 1 If less than one day hr. min.

9. Birthplace NEWCASTLE (City, town, or county) PENN 1 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER

FATHER
12. Name JEREMIAH COVER
13. Birthplace (City, town, or county) PENN 1 (State or foreign country)

MOTHER
14. Maiden name HANNAH JACKSON
15. Birthplace (City, town, or county) ENGLAND 4 (State or foreign country)

16. (a) Informant LENA COVER

(b) Address SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 11/26/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 23RD year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Jan. 10, 1941, to Nov 23, 1943; that I last saw him alive on Nov. 23, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	2 yrs
Due to Hardening of arteries	[illegible]
Due to arteries [illegible]	
Other conditions Senile [illegible] (Include pregnancy within 3 months of death)	2 yr

Major findings:
Of operations none
Of autopsy Not made

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury none

23. Signature Chas. de McNeil (M.D. or other)

Address 1123 W 7th Sedalia Date signed Nov 23 1943

102 [illegible] (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 8,
District File Number.....
Date Filed 12-14-43

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 L. E. Boulden

Licensed Embalmer No. 3867

P. O. Address Sedalia

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.