

V. S. No. 2
FORM-8-43
Rev. 5-17-39
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31246

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1944

Registration District No. 173

Primary Registration District No. 4273

Registrar's No. 18

1. PLACE OF DEATH: Lafayette
 (a) County Lafayette
 (b) City or town Concordia Mo
 (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 1
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County LAFAYETTE
 (c) City or town CONCORDIA
 (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 ALICE P DEKE
 3. (b) If veteran, name war None 3. (c) Social Security No. None
 4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12 23 1861
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 4th
 year 1944 hour 6 minute 20 M.
 21. I hereby certify that I attended the deceased from Sept 4
4th 1944 to September 4, 1944
 that I last saw her alive on Sept 4, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Failure Duration _____

8. AGE: Years 82 Months 8 Days 11 If less than one day _____ hr. _____ min.

Due to Hypertension
 Due to Arteriosclerosis
 Other conditions (Includes pregnancy within 3 months of death) _____

9. Birthplace Concordia Mo. (City, town, or county) (State or foreign country) 0

Major findings: Of operations _____
 Of autopsy No autopsy
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Robert Covington
 13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
 14. Maiden name Elisebeth (City, town, or county) (State or foreign country) 1
 15. Birthplace North Carolina (City, town, or county) (State or foreign country) 1

16. (a) Informant Edith Walker
 (b) Address Concordia Mo.
 17. (a) Burial (b) Date thereof 9-7-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Paul, Concordia Mo
 18. (a) Signature of funeral director Freyling & Veigt
 (b) Address Concordia Mo
 19. (a) Sept 6 - 1944 (b) Mrs. W. H. Walkerhorst
 (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 0
 23. Signature Bertrund Shyman (M. D. number) _____
 Address Concordia Mo Date signed 9-6-44

1235 (Licensed Embalmer's Statement on Reverse Side)

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

54
1
0

District Health Officer No. 6,

District File Number.....

Date Filed 10-10-47

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 E.S. Furling J.C. Vaigt
2959 1511

Licensed Embalmer No.....

P. O. Address Concordia 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.