

Registration District No. **50**

Primary Registration District No. **5179**

Registrar's No. **25**

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

**1. PLACE OF DEATH:**  
(a) County **Camden Co**  
(b) City or town **Camdenton Rural - Org**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Star Route - home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life** (years, months or days)

3. (a) PRINT FULL NAME **Charity Lynn Covines**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **Wht**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Geo L. Covines** 6. (c) Age of husband or wife if alive **3** years **1869**  
7. Birth date of deceased: **Oct 3** (Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Camden Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

12. Name **Eave Walters**

13. Birthplace **Camden Co Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Born Webb**

15. Birthplace **Camden Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Willie Covines**

(b) Address **Camdenton Mo**

17. (a) **Buried** (b) Date thereof **June 8 - 47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ducato wells Mo**

18. (a) Signature of funeral director **Dan Hansen W. O. Coley**

(b) Address **Camdenton Mo**

19. (a) **June 20 - 1947** (b) **Zilpha Inaw** (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Camden 15**  
(c) City or town **Camdenton Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **Star Route** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH, Month **June** day **6** year **1947** hour **1** minute **04** M.  
21. I hereby certify that I attended the deceased from **men 1** 19 **44** to **June 6** 19 **47**  
that I last saw her alive on **June 6** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure** Duration **7 hrs**  
Due to **Infirmities of old age**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **16 2 3**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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? **2** (Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **J. Lee Atterberry** (M. D. or other) **DO**  
Address **Camdenton Mo** Date signed **6-10-47**

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

RECEIVED  
District Health Officer No. 7,  
District File Number 5-47-754  
Date Filed 6-24-47

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 Wm. Bureau Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

**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.