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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24482**

Registration District No. **157**

Primary Registration District No. **#240**

Registrar's No. **135-**

1. PLACE OF DEATH:
 (a) County **JACKSON**
 (b) City or town **BLUE SPRINGS**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MRS. H. M. SMITH'S RESIDENCE 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **25 YEARS** years, months or days)

3. (a) PRINT FULL NAME **WELLA ANICE COOVES**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **513-09-2202**

4. Sex **FEMALE** **5. Color or race** **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MR. MELVIN COOVES**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **AUGUST 11-1873**
 (Month) (Day) (Year)

8. AGE:
 Years **73** Months **11** Days **26**
 If less than one day _____ hr. _____ min.

9. Birthplace **SHERMAN TEXAS 1**
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **AT HOME**

12. Name **JOHN HATCHER U**

13. Birthplace **WEBB CITY MISSOURI**
 (City, town, or county) (State or foreign country)

14. Maiden name **MINERVA STUBBSFIELD**
 (City, town, or county) (State or foreign country)

15. Birthplace **SHERMAN TEXAS**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. M. Smith**

(b) Address **Blue Springs Mo**

17. (a) Burial **(b) Date thereof** **AUG-9-1947**
 (Burial, cremation, or removal) **FOREST HILLS CEMETERY**

(c) Place: burial or cremation **KANSAS CITY, MISSOURI**

18. (a) Signature of funeral director **D. J. Newcomer**

(b) Address **KANSAS CITY MISSOURI**

19. (a) 8-7-47 (b) Donald C. Earnshaw
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **KANSAS** (b) County **WYANDOTTE**
 (c) City or town **KANSAS CITY**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2813 ORVILLE**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **AUG.** day **6th**
 year **1947** hour **3** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **June 15, 1947, to Aug 6, 1947**
 that I last saw her alive on **Aug 6, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis left femoral artery**
 Due to **Pneumonia Rt base**
 Duration **6 days**
2 wks

Due to _____
 Other conditions **Arterial sclerosis**
 (Include pregnancy within 3 months of death)
Heart disease

Major findings:
 Of operations _____
 Of autopsy _____
978

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)
 (c) Means of injury _____

23. Signature **M. P. Berry MD** (M.D. or other)
 Address **Blue Springs, Mo** Date signed **8-6-47**

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

MOTHER FATHER

St. Mary's
from
embalmer

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.....

John E. Fraking, Registered Apprentice No. *504*
working under my personal supervision.

Signed *E. Owen Wothe*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City.*

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.