No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No. 199

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31152

Registrar's No. 3803

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS COVERDILL

3. (b) If veteran, name war no

3. (c) Social Security No. none.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife unknown.

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

7. Birth date of deceased Dec 16 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Coverdill
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Suzan Gent
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lester St Thiele
(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 9/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Lurk & Tobin Co
(b) Address 20 West Linwood

19. (a) 9-6-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day Sept
year 1947 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from Aug 7 1947
, 19, to Sept 4 1947, 19;
that I last saw him alive on Sept 4 1947, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	9 years
Due to Hypertensive Heart Disease	15 years
Due to Generalized Arterio-sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No 93 8

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John T Skinner (M. D. or other) MD

Address 1402 Bryant Bldg Date signed 7/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.