

FILED AUG 11 1947

Registration District No. **276**

Primary Registration District No. **4445**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **Ray Mo.**
(b) City or town **Orrick 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 _____ (Specify whether)

In this community **Three weeks**
years, months or days)

3. (a) PRINT FULL NAME **William Harvey Covey**

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 **Mrs. Emma Covey** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 10 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 2 hr. min.

9. Birthplace **Ray County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER

12. Name **F. B. Covey**

13. Birthplace **Ray County Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Cynthia Broadhurst**

15. Birthplace **Ray County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **L. B. Covey**

(b) Address **Orrick, Mo.**

17. (a) **Burial** (b) Date thereof **6-15-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lewis Cemetery**

18. (c) Signature of funeral director: **B. W. Wood**

(b) Address **Orrick, Mo.**

19. (a) **6/14/47** (b) **Helena J. Larkin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray**

(c) City or town **Orrick, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (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 **12**
year **1947** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **5-26-47** 19. to **June 12 19. 47**

that I last saw him alive on **June 12 19. 47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial Infarction
Subtotal ofoplexy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) (e) Means of injury _____

23. Signature **G. F. Semmes** (M. D. or other) **Mo.**
Address **Orrick, Mo** Date signed **6-13-47**

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

RECEIVED
District Health Officer No. 61
District File Number _____
Date Filed 8-8-47

JAN 6 1949

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.

Self

Signed Victor E. Leming
Licensed Embalmer No. 2896
P. O. Address Liberty 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.