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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5912

State File No.

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 34

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Flat River (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 309 Glendale (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois 94
(c) City or town Flat River (If outside city or town limits, write "RURAL") 5
(d) Street No. 309 Glendale (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES WILLIAM COVINGTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Z. Covington

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb 13 1860 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	11	20	hr. min.

9. Birthplace Ste Genevieve Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Henry Covington
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary E. Shannon
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs Omer Hendrix
(b) Address Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Benham Und. Co
(b) Address 313 Benham Bonne Terre Mo

19. (a) 2-10-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd. year 1947 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1946, to Feb 3, 1947
that I last saw him alive on Feb 3, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature C H Appleberry (M. D. or other) MD
Address Flat River, Mo Date signed 2. 4. 47

244

(Licensed Embalmer's Statement on Reverse Side)

EIVED

ct Health Officer No. 4

e Number 247-252

2-21-47

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Sainte Terre 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.