

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26658
 Do not use this space.

1. PLACE OF DEATH **Stoddard** 1938
 (a) County **Stoddard** Registration District No. **837**
 (b) Township **Castor** Primary Registration District No. **6099** Registered No.
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Robert Benjamin Capps** 120
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Evelyn Capps**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8-30-1906**
 7. AGE YEARS **31** MONTHS **10** DAYS **22** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Mechanic**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22, 1938**
 22. I HEREBY CERTIFY That I attended deceased from **July 22, 1938**
 I last saw him alive on **July 22, 1938** Death is said to have occurred on the date stated above, at **8:00** a. m.
 The principal cause of death and related causes of importance were as follows:

Gun shot wound 22 caliber rifle
 Date of onset
 Other contributory causes of importance: **172**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.** 0
 13. NAME **W. H. Capps** 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.** 0
 15. MAIDEN NAME **Cora Eaton**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**
 17. INFORMANT (ADDRESS) **Oscar Capps Bloomfield, Mo.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Travel Hill Cem.** DATE **July 23, 1938**
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Chiles Und. Co. Bloomfield, Mo.**
 20. FILED **Aug 8 1938** **W. E. Ford** Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**
 23. If death was due to external causes (Violence), fill in also the following:
 Accident, suicide, or homicide **Homicide** Date of injury **7/22, 1938**
 Where did injury occur? **Home** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury **Shot**
 Nature of injury **side 2**
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **galley at home** M. D.
 (Signed) **Oscar Capps** (Address) **Bloomfield, Mo.**
W. E. Ford Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 14 1948

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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.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.