REC'D FEB 23 1939

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

2146
Do not use this space.

33

**1. PLACE OF DEATH**

(a) County Dent — Registration District No. 266

(b) Township Franklin — Primary Registration District No. 5373 — Registered No. 4

(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Ammy Elander Cape

(a) Residence, No. — St. — (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| female | white | married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Lee Cape

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1901

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 37 | 6 | x | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

FATHER
13. NAME Edward Master
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

MOTHER
15. MAIDEN NAME Virginia Ralston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) --

17. INFORMANT (ADDRESS) J. L. Cape Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem. DATE 1/15/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carl K Spencer Salem Mo

20. FILED Jan 14, 1939 F E Butler M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13/39, 19

22. I HEREBY CERTIFY, That I attended deceased from December 25, 1938, to January 13, 1939
I last saw her alive on January 11, 1939. Death is said to have occurred on the date stated above, at 11:10 P M
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia (Right) | Dec 25 1938 |
| Other contributory causes of importance: Acute Myocarditis | Jan 12 1939 |

Name of operation None — Date of
What test confirmed diagnosis? Clinical Findings — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F E Butler, M. D.
(Address) Salem Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

## 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, Carl K. Spencer, or by .....

Registered Apprentice No. 2370, working under my personal supervision.

Signed Carl K. Spencer

Licensed Embalmer No. 2370

P. O. Address Palmyra Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**