APR 21 1939

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

11210
Do not use this space.

49

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township Marion — Primary Registration District No. 5562 — Registered No. 47
(c) City Carthage (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 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Cappa
(a) Residence, No. Route 1 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna St. Cappa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 1884

7. AGE: Years 55 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Carthage Missouri 0 1

FATHER
13. NAME George Cappa
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas 0

MOTHER
15. MAIDEN NAME Margret Roller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Mrs. Anna Cappa Route 1 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dillon Cem. DATE Mar. 18 1939

19. FUNERAL DIRECTOR (NAME) Korell Mortuary
(ADDRESS) Carthage Missouri

20. FILED Mch. 17, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 16, 1939
I last saw h. alive on March 16, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Influenza	
Bronchopneumonia	

Other contributory causes of importance: NN

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? 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) W. Russell Smith, M. D.
(Address) 865 Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER—BOTH SIDES—MISSOURI STATE BOARD OF HEALTH—A PERMANENT RECORD

RECEIVED
District Health Officer No. 6,
District File Number 6-39-778
Date Filed APR 11 1939

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 P. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage, 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, above space should be left blank.