REC'D MAY 10 1939

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

14015
Do not use this space.

1769

1. PLACE OF DEATH
(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. 2002 Registered No.
(c) City Kansas City (d) Street No. 7113 Penn 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME JAMES DOUGLAS CAPRON
(a) Residence, No. 7113 Penn. 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~~ Lillian Mae Capron
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2-1885
7. AGE: Years 54 | Months 1 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Carman Co.
10. Date deceased last worked at this occupation (month and year) Apr. 1-24-1939
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La.

FATHER
13. NAME James Douglas Capron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bayou Sale Sta. La.

MOTHER
15. MAIDEN NAME Mary Berwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bayou Sale Sta. La.

17. INFORMANT (ADDRESS) Richard W. Capron 7115 Penn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE April 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomers Son Aseo + Brush Creek

20. FILED Apr 27 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from October, 1933, to April 27, 1939
I last saw him alive on April 26, 1939. Death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Gout	
Other contributory causes of importance:	
Acute Coronary Thrombosis	1933
Coronary Sclerosis	
Angina Pectoris	

Name of operation None Date of
What test confirmed diagnosis Clinical 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) Earl R. Ferris, M.D.
(Address) 934 Argyle Bldg Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M-1-1-38 I X14028

SEP 20 1945

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. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address Kansas City 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.