

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.

NOV 14 1939

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

36064
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 751
(c) City SPRINGFIELD (d) Street No. 622 N Main 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

NANNIE CAPLINGER
(a) Residence, No. 622 N. Main 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 F 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 John Caplinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 - 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. wife
10. Date deceased last worked at this occupation (month and year) Nov 9 1939
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

FATHER 13. NAME Francis M Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---

17. INFORMANT (ADDRESS) John Caplinger 622 N Main St

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 10-11-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quincy Funeral Home Springfield

20. FILED Oct 11 1939 Chas A George 290 (Address) Lawrence Green County
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him dead alive on 10-8-39, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
956
Date of onset 10-8-39

Other contributory causes of importance:
2 previous strokes
Hypertension & C-V disease

Name of operation _____ 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? _____
If so, specify _____
(Signed) R. H. White, M. D.

Springfield

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 Harold W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W. Walnut

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.

X