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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10500

APR 28 1941
Registration District No. 231

Primary Registration District No. 4141

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Steelville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: - _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Twenty one years years, months or days

3. (a) PRINT FULL NAME Jessie M. Cape

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M Color or race W

5. Color or race _____

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mr J M Cape 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 26 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Near Princeton Mo Lincoln Co
(City, town, or county) (State or foreign country)

10. Usual occupation Retail merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie Cape

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Mills

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Cape

(b) Address Steelville Mo

17. (a) _____ (b) Date thereof 2-31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Cemetery

18. (a) Signature of funeral director J J Jones

(b) Address Steelville Mo

19. (a) 4-7-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford

(c) City or town Steelville
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Jan 27 - Jan 31, 1941, to Jan 31, 1941; that I last saw him alive on Jan 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Symphatic
Tubercula

Due to _____

Due to 74

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (Specify type of place) (e) Means of injury _____
Address Steelville Mo Date signed 7-18-41

RECEIVED

Sanit Health Officer No. 5,

District File Number 441539

Date Filed _____

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 _____

Henry M. Brown
working under my personal supervision.

19. 1928, Registered Apprentice No. 2628

Signed Henry M. Brown

Licensed Embalmer No. 2628

P. O. Address Stebell 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.