

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13807

Registration District No. 34Primary Registration District No. 6239State File No. VRegistrar's No. 17

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Exeter, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: West of Exeter
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

Paul Thomas Capps

3. (b) If veteran, name war _____

3. (c) Social Security No. 566-01-6119

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 alive _____ years

7. Birth date of deceased Oct 12 1916
(Month) (Day) (Year)8. AGE: Years 24 Months 6 Days 29 If less than one day _____
hr. _____ min. _____9. Birthplace Exeter Missouri
(City, town, or county) (State or foreign country)10. Usual occupation N. Y. A

11. Industry or business _____

MOTHER FATHER
 12. Name John A. Capps
 13. Birthplace Benton Co, Ark
 (City, town, or county) (State or foreign country)
 14. Maiden name Allie Phillips
 15. Birthplace Barry County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Allie Capps(b) Address R#1, Exeter, Mo.17. (a) Burial (b) Date thereof 4-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chitwood Cemetery18. (a) Signature of funeral director Boon Funeral Home(b) Address Cassville, Mo. 63219. (a) April 12-41 (b) Mrs. H. P. Seary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
 (c) City or town R#1 Exeter, Mo. 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. West of Exeter 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1941 hour 2:30 PM minute _____ P.M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Burned to death
Read when I arrived.Due to Car accident ✓

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence April 11-1941(c) Where did injury occur? Exeter, Barry Co, Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 44While at work? No (Specify type of place) (e) Means of injury Burned23. Signature John R. Gibson (M. D. or other) MO.Address Wheaton, Mo. Date signed April 11-41

(Licensed Embalmer's Statement on Reverse Side)

Coroner of Barry Co.

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

MAY 6 1943

RECEIVED

District Health Officer No. 6,

District File No. 541-748

Date Filed MAY 9 1943

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13807

Registration District No. 34

Primary Registration District No. 6239

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Excelsior
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Thomas Capps
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Apr day 11
year 1941 hour _____ minute _____ M.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

Immediate cause of death Burned to death Duration _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years Months Days If less than one day
24 6 29 hr. _____ min. _____

Due to Dead when I arrived
Due to Car accident
Car caught fire after running into ditch along highway.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Other conditions Drunk, under the influence.

10. Usual occupation _____

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name _____

Of autopsy none

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence Apr 11 1941

(c) Where did injury occur? Excelsior, Barry Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home #44
(Specify type of place)

While at work? _____ (e). Means of injury _____

23. Signature John P. F. ... (M. D. or other) _____

Address ... Date signed _____

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

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

1800 ... Co.

5-13807