No. 2
4-13-40
5-17-39
P I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13962

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 443

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 2531 Faraon St. 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 48 years. 0

3. (a) PRINT FULL NAME: Thomas Milton Capp
3. (b) If veteran, name war: World War
3. (c) Social Security No. 432-10-3999
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: August (Month) 25 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
50	7	24	hr. min.

9. Birthplace: New Brunswick (City, town, or county) Canada ✓ (State or foreign country)
10. Usual occupation: Civil Engineer
11. Industry or business: Railroad
FATHER
12. Name: Thomas H. Capp
13. Birthplace: London (City, town, or county) England 4 (State or foreign country)
MOTHER
14. Maiden name: Ella Adah Baker 4
15. Birthplace: Bedeck Prince Edward Is., Canada (City, town, or county) (State or foreign country)
16. (a) Informant: Frank W. Capp.
(b) Address: 2531 Faraon, St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr. 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director: Walter Meinhoffer
(b) Address: 1302 Faraon St., St. Joseph, Mo.
19. (a) Apr 21 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1941 hour 4 minute 35p. M.
21. I hereby certify that I attended the deceased from September, 1938, to April 19, 1941, that I last saw him alive on April 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	3 yrs
Due to: Coronary sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —
Of autopsy: Coronary Occlusion and degeneration of heart muscle

PHYSICIAN — 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? 85
While at work? (Specify type of place) (e) Means of injury
23. Signature: John T. Moore M.D. (M. D. or other)
Address: Corby Bldg., St. Joseph Date signed: 4-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

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.