

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
2501 Indiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 years
(Specify whether years, months or days)

In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2501 Indiana
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James D. Capp

3. (b) If veteran, name war ***

3. (c) Social Security No. 491-01-5192

4. Sex Male

5. Color or race W

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 September 6, 1890
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>51</u> | <u>5</u> | <u>5</u> | br. min. |

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John Capp

13. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Burden

15. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Etta Vasquez

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 2/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co

(b) Address Joplin, Mo.

19. (a) 2-17-42 (b) Gertrude Sudholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-19-42 19... to 2-11-42 19...
that I last saw him alive on 2-10-42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Myocardial Degeneration - 2 mo

Due to _____

Due to Cardiac Dilatation 2-9-42

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

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Walter H. ... (M.D. or other) _____
Address Joplin Mo Date signed 2/13/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

4212-175

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed

Steve D. Parker

Licensed Embalmer No.

25148

P. O. Address

Joplin 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.