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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

Registration District No. 4 20

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 5574

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Route 3, DeSoto
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jeffsrson 50

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3, DeSoto
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY MITCHELL CAPE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Katie Pyle

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 30, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	2	hr. min.

9. Birthplace DeSoto (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming & Mining (Ret.)

11. Industry or business

FATHER
12. Name John C. Cape
13. Birthplace Reynolds Co., (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Williams
15. Birthplace Jefferson Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant John M Cape
(b) Address DeSoto Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Driping Springs Route 3, DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 6-2-42 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from May-19-1942, 19 to June-1, 1942
that I last saw him alive on May-31-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	12 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

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? 0
(Specify type of place)
While at work (e) Means of injury

23. Signature Walter E. Gibson (M. D. or other)
Address DeSoto Mo Date signed 6-2-42

387 (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: Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Sikeston 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.