

FILED MAR 16 1943
573

Registration District No. _____

Primary Registration District No. 4458

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County St. Claire
(b) City or town Collins
(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 32 years
years, months or days

3. (a) PRINT FULL NAME HENRY DAVID CAPPS

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fanny Capp 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 26 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>19</u>	hr. min.

9. Birthplace Vernon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation General Merchandise

11. Industry or business merchant

12. Name Thomas Capp

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

14. Maiden name Angela Bonners

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

16. (a) Informant Electa J. Wright

(b) Address Collins Mo.

17. (a) Burial (b) Date thereof Feb. 17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Depwater, Mo.

18. (a) Signature of funeral director E. P. Summ

(b) Address Humansville, Mo.

19. (a) Feb 17, 1943 (b) Neta Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1943 hour 12 minute 08 P. M.

21. I hereby certify that I attended the deceased from Jan 15
1943 to Feb 15 1943

that I last saw him alive on Feb 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death canon of parotid gland and lung since 1940
Due to _____

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) _____

(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 D. E. O. Brown (Name or other) Do

Address Collins Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1154

RECEIVED

District Health Officer No: 76

District File Number 2-43-27

Date Filed 3-4-43

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.....

by me..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. H. ...*.....

Licensed Embalmer No. 4282

P. O. Address Spokaneville, 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.