

FILED AUG 5 1943 42

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

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: Meth & Hoop  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days (Specify whether  
In this community 43 YRS. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3309 20th (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) FULL NAME WM HENEY - CAPP

3. (b) If veteran, name war no 3. (c) Social Security No. 2nd

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

6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Apr 14 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Ret Groceries

11. Industry or business Richard Capp

12. Name Richard Capp

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

14. Maiden name Martha Worley

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

16. (a) Informant M. C. Capp

(b) Address 13 St Joseph Mo

17. (a) (Burial, cremation, or removal) Memo - P.R. Cem (b) Date thereof July 1 1943  
(Month) (Year) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director Roy Stamer

(b) Address St Joseph Mo

19. (a) 7-1-43 (Date received local registrar) (b) Roy Stamer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1943 hour 11:05 minute P M.

21. I hereby certify that I attended the deceased from 6/20 1943 to 6/28 1943

that I last saw him alive on 6/28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration  
Euremia

Due to Chronic Nephritis  
Cystitis

Due to

Other conditions 131 R  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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) (c) Means of injury

23. Signature Roy Stamer (M. D. or other)  
Address 1624 St Joseph Ave Date signed 6/29/43

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

MOTHER FATHER

**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 *John Roy Starnes*

Licensed Embalmer *2435*

P. O. Address *St Joseph 7th*

**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.**