

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town General Prairies  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson Co. Emergency Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community 16 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town 22 West 82nd St. K.C. no. 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 22 West 82nd St. K.C. no. 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME

Arizona Kapp

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
year 1944 hour 7:45 minute P.M.  
21. I hereby certify that I attended the deceased from 1-1 1943 to 1-7 1944  
that I last saw her alive on 1-7 1944  
and that death occurred on the date and hour stated above.

4. Female 5. Color of race White 6. (a) Single, widowed, married divorced, married  
6. (b) Name of husband or wife Chas A Kapp 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased: Old 5- 1889  
(Month) (Day) (Year)

Immediate cause of death Cancer of breast with metastasis to lungs  
Duration 4 yrs

8. AGE: Years 53 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Batesville Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Albusta H. Huppert  
(b) Address 22 West 82nd St. K.C. no.

17. (a) Removal (b) Date thereof 1 11 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Batesville Ark.

18. (a) Signature of funeral director Elvige C. Hanson  
(b) Address Independence Mo.

19. (a) Jan 10 1944 (b) F.M. Schick (c) F.M. Schick  
(Date received local registrar) (Registrar's name) (Signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 60  
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? \_\_\_\_\_  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) Med.  
Address 22 West 82nd St. K.C. no. 3 Date signed 1-10-44

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

48  
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**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..... *Dean Owens* .....

Licensed Embalmer No. *4280* .....

P. O. Address *Indep. 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.**