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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23861

State File No.

FILED JUL 30 1945

Registration District No. 7 Primary Registration District No. 2393 Registrar's No. 2

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

1. PLACE OF DEATH
(a) County Douglas
(b) City or town Rural Bertha Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mrs Ava Mo 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether In this community years, months or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Near Ava. Mo (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME LOUVINA. H. CAPAUS
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 5th (Day) 1868 (Year)

8. AGE: Years 76 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ky 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business —

FATHER
12. Name M. K. Angel
13. Birthplace Unknown (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Martha Davis
15. Birthplace Unknown (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mrs. Dick Reiter
(b) Address Ava Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Smith Chapel
18. (a) Signature of funeral director McClure Funeral
(b) Address Galena Mo
19. (a) 7-1-45 (Date received local registrar) (b) Lula Spurlock Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1945 hour 12 minute P M.
21. I hereby certify that I attended the deceased from March, 1941, to April, 1945, that I last saw her alive on April 4th, 1945, and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Hypertensive Myocarditis	5 or 6 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P M Norman (M. D. or other)
Address Ava Mo Date signed 7/1/45

105 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 345-822
Date Filed JUL 27 1945

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Valparaiso Ind

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.