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X35697

FILED NOV 9 1945

Registration District No. 275

Primary Registration District No. 3047

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho Missouri

(c) Name of hospital or institution Sole Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three hours  
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Newton

(c) City or town Granby Rural Rt 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Granby Missouri Rt 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Clarence Capps

3. (b) If veteran, name war No

3. (c) Social Security No. 500-01-6789

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Oct 18 1945, to Oct 19 1945, and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Neoma E.E. Capps 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased August 21 1917  
(Month) (Day) (Year)

Immediate cause of death Dynamite Explosion Duration 7 hours

8. AGE: Years 28 Months 1 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Granby Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business Federal Mining Co

12. Name Clayd M Capps

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

14. Maiden name Emily L. Duncan

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

16. (a) Informant Neoma E.E. Starston Capps

(b) Address Granby Missouri Rt 2

17. (a) Burial (b) Date thereof Oct 22 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery

18. (a) Signature of funeral director The Bigham Mortuary

(b) Address Neosho Missouri

Major findings: Skull fracture laceration  
Am. - ant. injuries + black

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

19. (a) Oct. 23, 1945 (b) Melvin L. Borman  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 73

(b) Date of occurrence Oct 18 - 45

(c) Where did injury occur? Granby Newton MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial mine

While at work? yes (Specify type of place) (e) Means of injury Dynamite explosion

23. Signature DERaleus O (M. D. or other) \_\_\_\_\_

Address Granby MO Date signed 10-24-45

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

73  
3  
2

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.

RECEIVED NOV 8 1945

District Health Officer No. ....

District File Number 1045-198

Date Filed NOV 8 1945

Signed Harold H. Hannah

Licensed Embalmer No. 4400

P. O. Address Neosho, Missouri

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.