DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40582

FILED JAN 8 1946

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1334

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

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: Mo Methodist Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 711 So 14th 7 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Matthew Kapp

3. (b) If veteran, name war none

3. (c) Social Security No. 491-09-6550

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Kapp

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 1 (Day), 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	14	hr. min.

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

10. Usual occupation Clerk

11. Industry or business Wyeth Hardware & Mfg. Co.

FATHER
12. Name Matthew Kapp 11
13. Birthplace unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilhelmine Bouerhemm
15. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Melvin P. Kapp

(b) Address Oklahoma City, Okla.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/18/45 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director Beatrice & Bowman

(b) Address 319 So 10th

19. (a) Dec 19-1945 (Date received local registrar) (b) H. J. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 3, 1945, to Dec 15, 1945, that I last saw him alive on Dec 15, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis general	2
Hypertension	
Due to: Arteriosclerotic kidney disease	
Due to	
Other conditions: Uremia (Include pregnancy within 3 months of death)	12-2-45

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. E. Sensor MD (M. D. or other)

Address St. Joseph Mo Date signed 12-15-45

1428

(Licensed Embalmer's Statement on Reverse Side)

Dr. Earl Lenox
722½ Francis

MAR 8 1946

JAN 10 1946

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~~ 15 Dec

....., Registered Apprentice No. ✓

working under my personal supervision.

Signed J Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.