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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15410

State File No.

FILED APR 22 1946

Registration District No. 22

Primary Registration District No. 4499

Registrar's No. 29

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

1. PLACE OF DEATH:
 (a) County Shelby County
 (b) City or town Shelbina, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby / 02
 (c) City or town Shelbina, Mo. (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Henry Capp
 3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 10th
 year 1946 hour 10 minute 45 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 16th 1870
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 10, 1946 to March 10, 1946 that I last saw him alive on March 10, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 8 24 hr. min.

Immediate cause of death Coronary Occlusion 30 m.
 Due to I only saw patient

9. Birthplace Benton County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer
 11. Industry or business II

Due to at the time of attack
Death followed the attack
 Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER
 12. Name Robert J. Capp
 13. Birthplace Monroe county Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah E. Powell
 15. Birthplace Benton county - Missouri
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy 940
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sarah Humphery
 (b) Address Clabence, Missouri
 17. (a) Burial (b) Date thereof 3-12-1946
 (Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Wood Cemetery
 18. (a) Signature of funeral director Million & Barkeley
 (b) Address Shelbina, Missouri
 19. (a) April 2-46 (b) Ruth Jayner
 (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) _____
 (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 2
 23. Signature J. L. Swanson (M. D. or other) 2
 Address Shelbina, Mo. Date signed 3/12/46

RECEIVED

District Health Officer No. 10

District File Number 4-46-795

Date Filed APR 19 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed:.....

O. W. Hawkins

Licensed Embalmer No.

3498

P. O. Address.....

Shelburne 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.