

FILED JUL 11 1946

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 81

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

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Rural Washn. Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Platt Hospital No 3, 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 740.28da
(Specify whether years, months or days)
 In this community same time
years, months or days

3. (a) PRINT FULL NAME Charles Capps
 3. (b) If veteran, name war. —
 3. (c) Social Security No. —

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Doy Capps
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased Jan. 20 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 11 hr. min.

9. Birthplace Cedar Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

MOTHER FATHER
 11. Industry or business
 12. Name Franklin Capps
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ruth Bennett
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
 (b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 6-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Tom Horn
 (b) Address Nevada Mo

19. (a) 2-1-46 (b) Nathyn Jancy
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
 year 1946 hour 9:20 minute P. M.
 21. I hereby certify that I attended the deceased from 4/3/1946
 to 5/31/46.
 that I last saw him alive on May 31, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 days
 Due to —
 Due to —
 Other conditions Frac. Rt. Femur 5 days
(Include pregnancy within 3 months of death)

Major findings:
 Of operations —
 Of autopsy —
ADDITIONAL SUPPLEMENTARY INFORMATION
 SCHEDULED

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) 108
 (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 R B Rutter (M. D. optional) —
 Address Nevada Mo Date signed 5-31-1946

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RECORDED
OFFICE No. 7,
6-46-726
7-10-46

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed J. B. Ferry
Licensed Embalmer No. 1760
P. O. Address Nevada 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.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Vernon
- (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:

(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)

3. (a) PRINT
FULL NAMECharles Gapps3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married,
divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Jan. 20 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 1 hr. _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
- (c) City or town _____
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 31
year 1946 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____PneumoniaDue to _____
Fractured right femur

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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

- (a) Accident, suicide, or homicide (specify) acc.
- (b) Date of occurrence 5-26-46
- (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?
Home
- While at work? _____ (Specify type of place)
- (e) Means of injury fall

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER }
FATHER }

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

SUPPLEMENTARY

Charles Capps slipped and fell on the floor
of the hall in ward 5 of State Hospital No. 2
Nevada Mo. on May 26-1946, resulting in a fracture
of the surgical neck of the right femur.

R B Lester M.D.

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