

FILED JUN 5 1947

Registration District No. **360**

Primary Registration District No. **3076**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1027 West Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon ¹⁰⁸

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 1027 West Walnut ²
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Catherine Capeland

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color of race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Joseph H. Capeland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 12 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-20-47, 1947 to 5-20, 1947

that I last saw him alive on 5-20-47, 1947 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death Arteriosclerotic heart disease & hypertension with acute failure and pulmonary edema.

Due to _____

Due to _____

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

10. Usual occupation Homemaker

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

11. Industry or business _____

12. Name Michael Eckhart

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

14. Maiden name Virginia Gurdle

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

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? _____

16. (a) Informant Billy Gurdiff

(b) Address 1027 W. Walnut, Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Henry Funeral Home

(b) Address Nevada Missouri

19. (a) 5-29-47 (Date received local registrar) (b) Wathup Gauscy (Registrar's signature)

23. Signature C. Baxter Davis (M. D. or other) _____

Address Nevada, Mo Date signed 5/29/47

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

RECEIVED
District Health Officer No. 7,
Date Filed 6-3-47
District File Number 5-47-692

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.....
Licensed Embalmer No. 11760
P. O. Address Nevada, 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.