No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38050

FILED NOV 24 1947

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 4732

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1801 EAST 47TH STREET TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1801 EAST 47TH STREET TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 11

3. (a) PRINT FULL NAME MR. JOHN WILLIS CAPPS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. MARY ELLEN CAPPS

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

7. Birth date of deceased MAY (Month) 1 (Day) 1851 (Year)

8. AGE:

Years	Months	Days	If less than one day
96	6	11	hr. 3 min.

9. Birthplace CAMDEN COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED 25 YEARS MANAGER

11. Industry or business Manager-Mercantile Store Worthington, Mo.

FATHER
12. Name LEVI CAPPS 9
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name FRANCES CYRUS
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 0

16. (a) Informant MR. EVERETT CAPPS
(b) Address 1801 EAST 47TH STREET TERRACE

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ KIRKSVILLE, MISSOURI

18. (a) Signature of funeral director O.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 12TH year 1947 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from 10-7, 1947 to 11-11, 1947 that I last saw h. alive on 11-11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 [illegible]
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature H. L. Smith (M. D. or ~~other~~)
Address 532 Minn Ave KC Ks Date signed 11-12-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.