

FILED DEC 30 1947

Registration District No. 349

Primary Registration District No. 4513

Registrar's No. 31

1. PLACE OF DEATH:

(a) County SULLIVAN  
(b) City or town GREEN CASTLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE years, months or days

3. (a) PRINT FULL NAME VERA LILNE CAPPS

3. (b) If veteran, name war L 3. (c) Social Security No. 1

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1 5 1932  
(Month) (Day) (Year)

8. AGE: Years 15 Months 11 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School Girl

11. Industry or business \_\_\_\_\_

12. Name Alva Capps

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

14. Maiden name Mrs. Foster

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

16. (a) Informant Mrs. Alva Capps

(b) Address Nowinger Mo.

17. (a) Burial (b) Date thereof 12-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle

18. (a) Signature of funeral director Wm. E. Kent

(b) Address Green City Mo.

19. (a) 12/26/47 (b) Layman Shaw  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair  
(c) City or town Rural - Nowinger  
(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 no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 24, 1947 to Dec 24, 1947  
that I last saw her alive on Dec 24, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lungs with Metastasis to Bone

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature W. Nowinger (M. D. or other) MD

Address Green City Mo. Date signed 12-26-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 10  
District File Number 12-47-1814  
Date Filed DEC 29 1947

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.