S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 18 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15468

Primary Registration District No. 1000

Registrar's No. 546

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3405 Lafayette 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 3405 Lafayette 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: John Frederick Kapp
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: Married 1
6. (b) Name of husband or wife: Ottlie Kapp
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: June (Month) 3 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	11	8	hr. min.

9. Birthplace: Unknown (City, town, or county) Germany 11 (State or foreign country)
10. Usual occupation: Cabinet Maker
11. Industry or business: Cabinet
FATHER
12. Name: Fred Kapp
13. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: Mrs. Ottlie Kapp
(b) Address: St. Joseph, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Waton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) May 14, 1948 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1948 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from May 1, 1947 to May 11, 1948 that I last saw the deceased alive on May 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	5 minutes
Due to Chronic myocarditis	14 yrs.
Due to Chronic hypertension	14 yrs.
Due to arteriosclerosis	6 mos.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 938
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
23. Signature: Wm. Gaetchell M.D.
Address: 411 Francis St. St. Joseph, Mo. Date signed: 5/13/48

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, 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.