S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9520

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1114

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1408 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40. yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jack. 048
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1408 Jefferson
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mike Capps

3. (b) If veteran, name war n o.
3. (c) Social Security No. Unknown

4. Sex m. D
5. Color or race w.
6. (a) Single, widowed, married, divorced none
6. (b) Name of husband or wife xx
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Aprox. 80 | Months 80. | Days | If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) (State or foreign country)
10. Usual occupation Broom factory for the
11. Industry or business blind.

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harry Turner
(b) Address Dept. Coroner
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Green lawn Cem.
18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address K. C. Mo.
19. (a) 3-19-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 3.10.42
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to 10 a. 19...;
that I last saw the deceased alive on ..... 19...;
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death ..... Duration

Due to Extensive burns of entire body

Due to .....

Other conditions (Include pregnancy within 3 months of death) 184-1

Major findings:
Of operations 15
Of autopsy Inspection

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) Accident 123
(b) Date of occurrence 3-9-42
(c) Where did injury occur? K.C. (City or town) Ja (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Clothes caught fire from Cigarette
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Victor Wuhler (M. D. or other)
Address ..... Date signed .....

(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 Frances Walton, Registered Apprentice No. 2747, working under my personal supervision.

Signed J. K. Pigeman

Licensed Embalmer No. 2747

P. O. Address K. C. 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.