S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7466

State File No.

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 204

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 3 mos. 15 das. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla,
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 Elm St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALTHEA CAPFER
3. (b) If veteran, name war —
3. (c) Social Security No. —
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 March (Month) 23 (Day) 1911 (Year)

8. AGE: Years 31 Months 10 Days 7 If less than one day — hr. — min.

9. Birthplace Rolla (City, town, or county) MO (State or foreign country)
10. Usual occupation None
11. Industry or business "
FATHER
12. Name Lohis C Capfer
13. Birthplace Quincy (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Lucy J. Parry
15. Birthplace Phelps Co (City, town, or county) MO (State or foreign country)
16. (a) Informant Mrs E. W. Heiss and Hospital Records.
(b) Address St. Lohis, MO
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-30-43 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Rolla MO
18. (a) Signature of funeral director Alfred J. Smith
(b) Address Rolla, MO
19. (a) Feb. 15, 1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1943 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan. 6, 1940, 19 to Jan. 30, 1943, 19; that I last saw her alive on Jan. 30, 1943, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate ~~cause of~~ death Progressive cortical atrophy (post-traumatic)	32 yrs
Due to Birth Trauma	
Due to	
Other conditions Mental deficiency with psychosis. (Include pregnancy within 3 months of death)	32 yrs

Major findings:
Of operations
Of autopsy Chronic cortical atrophy - arachnoiditis

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)
(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 Paul Schrader (M. D. or other) MD
Address Farmington Mo Date signed 1-30-43

1190

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-184

Date Filed 3-5-43

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 [illegible]

Licensed Embalmer No. 3643

P. O. Address Ava, 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.