

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3434

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: Vineyard Park Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 hrs.  
(Specify whether years, months or days) 20 hrs.

3. (a) PRINT FULL NAME Bettie June Capps

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 8, 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 20 hr. \_\_\_\_\_ min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

MOTHER FATHER { 12. Name Charles John Capps  
18. Birthplace Kansas City Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Bettie Marie Capps  
15. Birthplace Kansas City Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Capps

(b) Address Bethel Kans.

17. (a) Burial (b) Date thereof 8-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope K.C.K.

18. (a) Signature of funeral director Eads Bros

(b) Address 1416 Minnesota

19. (a) 8-9-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 14  
(c) City or town Bethel, Kansas 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1  
(If rural, give location) 2  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8  
year 1943 hour 8 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1 AM Aug 8  
1943 to 7 PM Aug 8 1943  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Petritx Foramen  
Ovill Duration \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature Albert O. Harms (M. D. or other) \_\_\_\_\_  
Address 318 Hoover Bldg Date signed Aug 9 1943

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

*Alison  
Hansen*

**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 *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Kansas City, Kans*

**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, above space should be left blank.**