No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33254
State File No.

Registration District No. 156
Primary Registration District No. 2001
Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 101 Moffet Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 43 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 101 Moffet Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John H. CAPELLI
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 21st. (Day) 1870 (Year)
8. AGE: Years 78 Months 5 Days 21 If less than one day hr. min.
9. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Mine Operator
11. Industry or business:
FATHER 12. Name: John Capelli
13. Birthplace: Italy (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Italy (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Helen Capelli
(b) Address: 101 Moffet Ave. Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Cemetery
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: 305 West 4th St. Joplin, Mo.
19. (a) 10-14-48 (Date received local registrar) (b) Elis Jasper (Deputy Registrar) (Signature)
138-C

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th. year 1948 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from 1940, 19__, to Oct 12 1948, 19__; that I last saw him alive on Oct 12 1948, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary embolus	few Min.
Due to Virus influenza.	1week
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: 4

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): No.
(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: 0
23. Signature: [illegible] (M. D. or other)
Address: Frisco Bldg, Joplin, Mo. Date signed: 10/12/4

(Licensed Embalmer's Statement on Reverse Side)

48-10-862

JUN 14 1955

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 Jesse C. Seeller, Registered Apprentice No. 99, working under my personal supervision.

Signed Ellery M. Dungey

Licensed Embalmer No. 3566

P. O. Address Joplin 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.