

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH8300
State File No. 935

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Children's Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2014 East Front</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Lynn</u>		c. (Last) <u>Capps</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan 22, 1948</u>	
9. AGE (In years last birthday) <u>1 yr</u>		IF UNDER 1 YEAR Days <u>x</u>		IF UNDER 1 HR. Hours <u>x</u>		Min. <u>x</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Capps</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Reusser</u>		ADDRESS <u>2014 East Front</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuber Colosis Meningitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Disseminated Tuberculosis</u> DUE TO (c) <u>Primary Tuberculous Complex</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>007</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I am a resident of Missouri from <u>Feb. 21, 1949</u> , to <u>Feb. 27, 1949</u> , that I last saw the deceased alive on <u>Feb. 27, 1949</u> and that death occurred at <u>3:02 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. O. Schmidt</u>				23b. ADDRESS <u>Children's Mercy Hosp</u>		23c. DATE SIGNED <u>Feb 27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>North Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-1-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton-Smith's Funeral Home No. K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Theron O. Smith

Signed.....

Student Embalmer

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City*

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.