

ESTD AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24617
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, / Registration District No. 399
 (b) Township Kaw, / Primary Registration District No. 1002 Registered No. 2830
 (c) City Kansas City, Mo. / (d) Street No. Research Hospital, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 534 Marion Cantwell,

(a) Residence, No. 927 West 42nd St., St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora M. Cantwell,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1864

7. AGE YEARS 75 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired,
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

FATHER 13. NAME George Cantwell,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

MOTHER 15. MAIDEN NAME Martha

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Maude Cantwell Catlin,
927 West 42nd St., K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. DATE July 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure,
3235 Gillham Plaza, K. C., Mo.

20. FILED July 14 1939 M. M. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939,

22. I HEREBY CERTIFY, That I attended deceased from 7-8-, 1939, to 7-14-, 1939

I last saw him alive on 7-13-, 1939 Death is said to have occurred on the date stated above, at 7:30a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 7-8-39

Other contributory causes of importance: none

Name of operation none Date of no
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) Carroll J. Sturgeon, M. D.

(Address) 1010 Prof. Bldg. 15. C. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

C. P. Hungate.

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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

[Handwritten Signature]

Licensed Embalmer No. 1415

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, above space should be left blank.