

DEC 5 - 1940

Registration District No. 31

Primary Registration District No. 5042A

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Wheaton Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: -----  
(Specify whether  
In this community 2  
years, months or days)

8. (a) PRINT FULL NAME Abaham Cantrell

8. (b) If veteran, name war --- 8. (c) Social Security No. ---

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Cantrell 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased Oct 30th 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>		<u>2</u>	<u>hr. min.</u>

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

10. Usual occupation Farming

11. Industry or business ---

MOTHER FATHER { 12. Name Henry J. Cantrell  
13. Birthplace Not Known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Grace Cantrell

(b) Address Purdy Mo

17. (a) Burial (b) Date thereof Nov. 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Prairie Cem.

18. (a) Signature of funeral director Wm. Marcell Rogers

(b) Address Wheaton, Mo.

19. (a) 11-13-40 (b) Donald Blackship  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Purdy Mo. R.F.D.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ---  
(If rural, give location)  
0  
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st  
year 1940 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 15 - 1940  
1940, to Nov 1 - 1940  
that I last saw him alive on Oct 29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage  
Due to Arterial Sclerosis  
Due to ---  
Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy ---

Duration

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 ---  
28. Signature O. S. McCall (M. D. or other) ---  
Address Wheaton Mo Date signed 11-9-40

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.

RECEIVED

District Health Officer No. 6,

District File Number 1140-2908

Date Filed DEC 2 1940

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.....

Wm. Morris Pogue

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Wm. Morris Pogue

Licensed Embalmer No. 3442

P. O. Address.....

Wheaton

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.