

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1344
304

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trinity Lutheran Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 7 years
years, months or days)

3. (a) PRINT FULL NAME Mary Ethelyn Cantwell

3. (b) If veteran, name war — 3. (c) Social Security No. —

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

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

7. Birth date of deceased January 21, 1941
(Month) (Day) (Year)

8. AGE: Years 12 Months — Days — If less than one day — hr. — min.

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

10. Usual occupation Oil refining

11. Industry or business Phillips Petroleum

12. Name C. Marion Cantwell

13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Cantwell

15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. M. Cantwell
(b) Address Phoen Kansas

17. (a) Removal (b) Date thereof Jan 21, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Royal Kansas

18. (a) Signature of funeral director J. M. McElyea
(b) Address Phoen Kansas

19. (a) Jan 21 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami
(c) City or town Toola
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 19, 1941, to Jan 21, 1941;
that I last saw her alive on Jan 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Encephalitis (Post-meningeal) 3 da.

Due to Acute Epidemic (Meningeal) Rubella 7 da.

Due to 35

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury —

23. Signature S. S. Sawyer Waldhals (M. D. or other)
Address 233 Plaza Med. I.C. Mo. Date signed 2/1/41

Duration
3 da.
7 da.
PHYSICIAN
Underline the cause to which death should be charged statistically

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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1344

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township..... Primary Registration District No. 1002 Registered No. 304
 (c) City..... (d) Street No..... St.
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mary Ethelyn Cantwell

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 21 1941 M. H. Browne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1941

22. I HEREBY CERTIFY That I attended deceased from

I last saw h. alive on, 19..... Death is said

to have occurred on the date stated above, at

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

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

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.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) S. Walthell, M. D.

(Address) 333 West K. C. Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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