

FILED AUG 26 1941

Registration District No. **229**

Primary Registration District No. **5038**

Registrar's No. **100**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Cassville**
(c) Name of hospital or institution **None FROM HEART**
(d) Length of stay: In hospital or institution **no**
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** **005**
(c) City or town **Cassville**
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? **native** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
year **1941** hour **145** minute _____ M.
21. I hereby certify that I attended the deceased from **June 27** 19**41** to **June 27** 19**41**;
that I last saw her alive on **June 15** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **acute endocarditis**

Due to _____
Due to _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
23. Signature **Herm M. Salyer** (M. D. or other) _____
Address **Cassville Mo** Date signed _____

3. (a) PRINT FULL NAME **Margaret Cantwell**

3. (b) If veteran, name war **4** 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **John Cantwell** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Apr 1872**
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **26** If less than one day hr. _____ min. _____

9. Birthplace **Carroll Co. Ark**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Margaret Cantwell**

13. Birthplace **D. K.**
(City, town, or county) (State or foreign country)

14. Maiden name **Cantwell**

15. Birthplace **D. K.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Cantwell**
(b) Address **Cassville Mo**

17. (a) **Burial** (b) Date thereof **June 29 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Coyville**

18. (a) Signature of funeral director **Thomas C. Clevor**
(b) Address **Cassville Mo**

19. (a) **August 23, 1941** (b) **Geo. W. Neumann, M.D.**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

E. Gordon Bennett

Licensed Embalmer No.....

4213

P. O. Address.....

Casville, 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.