

FILED APR 1945  
379  
Registration District No. 4509

Primary Registration District No. 4509

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

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town MANSEFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 34 yrs  
years, months or days)

3. (a) PRINT FULL NAME DAVID SHERIDAN CANTRELL

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY CANTRELL 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov 4 1877  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 14 If less than one day hr. min.

9. Birthplace W.B. STYR CO. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation LIVESTOCK DEALER

11. Industry or business \_\_\_\_\_

12. Name FELIX CANTRELL

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

14. Maiden name JANE PITCH FORD

15. Birthplace W.B. STYR CO. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Cantrell

(b) Address MANSEFIELD MO

17. (a) BURIAL (b) Date thereof MAY 20 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSEFIELD CEM.

18. (a) Signature of funeral director J.A. Stuffs

(b) Address MANSEFIELD MO

19. (a) MARCH 20 1945 (b) S. L. Hensley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT  
(c) City or town MANSEFIELD 114  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18  
year 1945 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from MAR 17, 1945, to MAR 18, 1945  
that I last saw him alive on MAR 18, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis of Spinal Cord. Duration 2039

Due to \_\_\_\_\_  
Due to AT

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature J. R. Fuson (M. D. or other) \_\_\_\_\_  
Address Mansefield Mo Date signed 3-19-45

---

---

**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.....

*F. A. Stoffe*

Licensed Embalmer No.....

*3221*

P. O. Address.....

*Manassas, Md*

**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.**