No. 2
8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4304

Registration District No. 354 Primary Registration District No. 4519 Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town Cabool (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State Mo (b) County Texas

(c) City or town Cabool (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Washington Cantrell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louisa

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

7. Birth date of deceased Sept (Month) 19 (Day) 1864 (Year)

8. AGE: Years 81 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Thomas B Cantrell
13. Birthplace (City, town, or county) Unknown (State or foreign country) /

MOTHER
14. Maiden name Elizabeth Chastine
15. Birthplace (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant Mrs Emma Pettigrew Daughter

(b) Address Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool Mo.

19. (a) Jan. 2 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1946 11 hour minute a. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on Jan 2 , 1946 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-sclerotic Heart Disease	20 yrs.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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 Garrett Hogg Jr M.D. (M. D. or other)

Address Cabool Mo Date signed Jan 3/46

325

(Licensed Embalmer's Statement on Reverse Side)

ED

ffiner No 5

Dist Fil No 14699

Date Filed 1-9-46

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 Gaylord V Elliott

Licensed Embalmer No. 2262

P. O. Address Cabool 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.