

No. 2  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40204

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 953

1. PLACE OF DEATH:  
(a) County Greene **GREENE**  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
834 Nichols /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Greene **39**  
(c) City or town Springfield **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 834 W. Nichols **6**  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roy Cantrell  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha Cantrell  
6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased Dec. 31, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 10 26 hr. min.

9. Birthplace Webster County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Frisco Car. Dept.

11. Industry or business Retired Frisco Employee

12. Name Richard Cantrell **9**  
Unknown **9**

13. Birthplace unknown **7**  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones  
(City, town, or county) (State or foreign country)

15. Birthplace unknown **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Cantrell

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof Nov. 29, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director [Signature]  
(b) Address Springfield Mo.

19. (a) 11-26-46 (b) W. J. Handley md  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_  
21. I hereby certify that I attended the deceased from 2/21/42  
\_\_\_\_\_ 19 \_\_\_\_\_ to 11/26 \_\_\_\_\_ 19 46  
that I last saw him alive on 2/26/ \_\_\_\_\_ 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death He was found dead probably of coronary thrombosis  
Duration \_\_\_\_\_

Due to Hypersensitive Cardio Renal disease

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: None **99D**  
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 November 26, 1946  
(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 Ledlie R. Wells (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 11/26/46

(Licensed Embalmer's Statement on Reverse Side)

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

33010

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**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 Ogden Slone Jr.  
Licensed Embalmer No. 4176  
P. O. Address Springfield

**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.**