

No. 2  
5-43  
17-39  
X38671

UNITED STATES HEALTH DEPARTMENT  
STANDARD CERTIFICATE OF DEATH

36429

FILED DEC 4 1948 49

State File No.

4665

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether  
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 704 E 23rd 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME ANDY CANTWELL

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Cantwell

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

7. Birth date of deceased Oct. 26 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 0 17 18 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Jasper Cantwell

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

14. Maiden name Evaline Rallston

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

16. (a) Informant Mrs. Melissa Daum

(b) Address Topeka, Kansas

17. (a) Burial (b) Date thereof 11-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina, Kansas

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K.C., Mo.

19. (a) 11-15-48 (b) Steadline Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14  
year 1948 hour 5 minute 15 AM.

21. I hereby certify that I attended the deceased from Oct. 11, 1948, to Nov 14, 1948:  
that I last saw him alive on Nov. 14, 1948:  
and that death occurred on the date and hour stated above.

Immediate cause of death lymphosarcoma

Due to

Due to

Other conditions 55-2  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations

Of autopsy see above

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?

Wm. W. Hart (Specify type of place)

While at work? (c) Means of injury

Signature Wm. W. Hart (M. D. or other)

Address Med Dir. Gen'l Hosp. KC Mo Date signed 11-14-48

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

*Dr. Thomas*

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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..... *Blaine E. Weiler*  
Licensed Embalmer No..... *4075*  
P. O. Address..... *K.C. 8, 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.**