

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37162**  
Registrar's No. **4721**

FILED DEC 3 1949

BIRTH NO. 35424-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City "Rural" 0</b>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>916 Harris</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hosp. #1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JUDY</b> b. (Middle) <b>MAE</b> c. (Last) <b>CANTRELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-5-49</b>		
5. SEX <b>fe /</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>child 0</b>	
8. DATE OF BIRTH <b>6-9-49</b>		9. AGE (In years last birthday) <b>4</b>		IF UNDER 1 YEAR: Months <b>4</b> Days <b>28</b> Hours <b>28</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Independence, Mo</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Roe Cantrell</b>		13b. MOTHER'S MAIDEN NAME <b>Welene Field</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Roe Cantrell- 916 Harris</b>	
ADDRESS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Poliomyelitis</b>							
ANTECEDENT CAUSES		DUE TO (b)					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 3**, 19 **49**, to **Nov. 5**, 19 **49**, that I last saw the deceased alive on **Nov. 5**, 19 **49** and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)		23b. ADDRESS <b>R.C. Gen'l. Hosp.</b>		23c. DATE SIGNED <b>11-6-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-7-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>	
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DATE REC'D BY LOCAL REG. <b>11-7-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. Blackman &amp; Son, Inc</b>		ADDRESS <b>Kansas City</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4683

P. O. Address: Kansas City, 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.

*[Handwritten signature]*