No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11992

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1582

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (in this place) 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 314 BARAT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN KANSAS CITY
d. Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 314 BARAT 2068

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) c. (Last) CANTWELL
4. DATE OF DEATH (Month) (Day) (Year) April-7-1954
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Oct. 15-1866
9. AGE (In years last birthday) 87 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) New Boston, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Edgar Davis
13b. MOTHER'S MAIDEN NAME Elizabeth Greenstreet
14. NAME OF HUSBAND OR WIFE Edward Cantwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs. Louis A. Baker ADDRESS 314 Barat K.C. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchio-pneumonia	4 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchiectasis	30 years
DUE TO (c)	Influenza	30 years
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Atherosclerosis	25 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 480X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 22, 1954, *to* April 7, 1954, *that I last saw the deceased alive on* April 7, 1954, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert L. Ward (Degree or title) Robert L. Ward, M.D.
23b. ADDRESS 3626 Indep. Ave.
23c. DATE SIGNED 4-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE April-10-1954
24c. NAME OF CEMETERY OR CREMATORY New Boston Cemetery
24d. LOCATION (City, town, or county) (State) New Boston, Mo.

DATE REC'D BY LOCAL REG. 4-8-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son Inc. ADDRESS K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4-6

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.