

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25137
 Do not use this space.

REC'D AUG 1 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5122 Registered No. 751
 or
 (c) City _____ (d) Street No. Enroute to Hospital, From Airport st.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 6 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elijah M. Cantrell

(a) Residence, No. 2100 N.15th. St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Cantrell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1893.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
45 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Poe Const' Co.
 10. Date deceased last worked at this occupation (month and year) July 1939. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Everton (STATE OR COUNTRY) Missouri

FATHER 13. NAME Elijah Cantrell

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Amanda Reynolds

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

17. INFORMANT Florence Cantrell (ADDRESS) 2100 N.15th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemt. St. Joseph, Mo. DATE July 19 39

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED July 18 1939 H.J. Neelbush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17 1939 to July 17 1939

First seen live on July 17 1939 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Injuries received when Cement Mixer fell on him.

Date of onset

Other contributory causes of importance:

2054
7

Name of operation _____ Date of _____
 What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide. Accident Date of injury 7/17 1939
 Where did injury occur? Luchanan County, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place

Manner of injury Struck by Cement Mixer
 Nature of injury Body Crushed

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Working for Construction Co.
 (Signed) R.W. Tadlock Coroner M. D.

(Address) King Hill Bldg! St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 7/23/59

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 Robert P. Harrington

Licensed Embalmer No. 3258

P. O. Address 1802 Union Str. St. Jose

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, above space should be left blank.