No. 2
4-13-40
-17-39
X23159

48
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18047

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 151

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 201 Kentucky ave 1 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 0 8

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

(d) Street No. 438 So. Denver (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME NORMAN L. CANTRELL

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife ——

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

7. Birth date of deceased July (Month) 23 (Day) 1924 (Year)

8. AGE: Years 16 Months 10 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ——

FATHER
12. Name Degie Cantrell
13. Birthplace Marion Co. (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Myrtle Wood
15. Birthplace Arkansas (City, town, or county) 1 (State or foreign country)

16. (a) Informant Degie Cantrell

(b) Address 438 So. Denver

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo. 3100

19. (a) June 5 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-3-41 day year ..... hour ..... minute 5:00 p M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury of Head & Cerebral

Due to Auto Traumatism 1

Due to Run over by Truck 1

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident

(b) Date of occurrence 6-3-41

(c) Where did injury occur? KC Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)

While at work? ..... (e) Means of injury Run over by Truck

23. Signature Russell Wyker (M. D. or other) 3

Address K.C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Highway report - 2-31-41
Deceased riding on running board of sand truck - fell off and truck ran over him.

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: [illegible]

Licensed Embalmer No. 3156

P. O. Address [illegible], Me

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.