

FILED JAN 28 1942

Registration District No. 598

Primary Registration District No. 9355

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town / (If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) If foreign born, how long in U. S. A. / years.

3. (a) PRINT FULL NAME MARVIN D. CANTRELL

3. (b) If veteran, name war / 3. (c) Social Security No. /

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eva Etta Vaughn 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased April 1 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 29 If less than one day hr. / min. /

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

10. Usual occupation Farmer

11. Industry or business /

12. Name Hurston O. Cantrell

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

14. Maiden name Sarah Cantrell

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

16. (a) Informant Ben Cantrell

(b) Address Versailles Mo

17. (a) Burial (b) Date thereof Nov 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W & T Church

18. (a) Signature of funeral director W & T Church

(b) Address Versailles Mo

19. (a) 11-2-41 (b) Will F. Berry, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1941 hour 7³⁰ minute 9 A.M.

21. I hereby certify that I attended the deceased from August 1 1941 to Oct 30 1941 that I last saw him alive on Oct 30 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Inoperant Pneumonia
Previous attack in Aug 1941

Due to /

Due to 1378

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Supernatant Prostate
Of operations Chronic bronchitis

Of autopsy /

Duration

5 days

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) /

(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? /

While at work? (Specify type of place) (e) Means of injury /

23. Signature / (M. D. or other)

Address / Date signed /

RECEIVED

District Health Officer No. 7;

District File Number 12-41-2188

Date Filed 1-15-42

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 W. H. Kimmel

Licensed Embalmer No. 1596

P. O. Address Versailles 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.

Registration District No. 598

Primary Registration District No. 4355

Registrar's No. _____

1. PLACE OF DEATH: Morgan Verdilles
 (a) County _____
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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)

3. (a) PRINT FULL NAME: Marvin Cantrell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: m 5. Color or race: w 6. (a) Single, widowed, married, divorced: w

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

7. Birth date of deceased: apr 1 1899
 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 29 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-21-1942 (b) Ray Berkstrom
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day _____ year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature: J. L. Halphum (M. D. or other) _____
 Address: Verdilles Mo Date signed: 5-21-42

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

