

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17922

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town CANAAN JWP
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 23 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME NORA ROSE CAUTRELL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH E. CAUTRELL 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased MARCH 20 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 5 If less than one day - hr. - min.

9. Birthplace COOPER HILL MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name WILLIAM C. NIXON
13. Birthplace COOPER HILL MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name LAURA SHIELDS
15. Birthplace COOPER HILL MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Cautrell
(b) Address Canaan, Mo.

17. (a) BURIAL (b) Date thereof 5 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLAND UNION CEM.

18. (a) Signature of funeral director W. A. Hertenstein
(b) Address Owensville, Mo.

19. (a) 5-28-42 (b) Myrtle M. Wenkel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town CANAAN 37
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAY 13
1942 to MAY 25 1942

that I last saw h BY alive on 5-25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular T. Irritation 24 Hrs.

Due to Carcinoma of Esophagus 6 mos.

Due to

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

Major findings:
Of operations None

Of autopsy None

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) Means of injury 0

23. Signature Paul A. Brenner (M. D. or other) MD
Address Owensville, Mo. Date signed 5-27-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

JUN 23 1942

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Miford Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.