

FILED DEC 5 1942

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

38310
Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 345 107
(b) Township Ruth Primary Registration District No. 6662 0 Registered No. _____
(c) City Garber-rural (d) Street No. 1 0 _____ 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 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ella Cantwell
(a) Residence, No. on farm 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 Female 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 Bob Cantwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/29/1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 60 10 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 10-1-42 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Joseph Laborn Fronebarger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Mary Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Bob Cantwell
(ADDRESS) Garber, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE She herd of Hill DATE 10/8 1942
Shepherd of the Hills Cemetery

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Whelchel Funeral Home-Branson

20. FILED act 8 19 1942 Paulje Kinsel
(Address) _____
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 7 AM 1942 to Oct. 7 10 AM 1942
I last saw her alive on 10/7 1942 Death is said to have occurred on the date stated above, at 10 A.

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

Infarct of cerebral arteries Date of onset _____

Other contributory causes of importance:
high blood pressure

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. P. Cottrell _____, M. D.
(Address) Reeds Spring, Missouri

128 Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 10 1955

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, _____

Embalmed

_____ or by _____

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

Signed

Minnie L. W. [Signature]

Licensed Embalmer No. 2279

P. O. Address *[Signature]*

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.