

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

7447  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Clair Registration District No. 312  
 (b) Township Butler Primary Registration District No. 6056  
 (c) City Loury City - Mo. (d) Street No. 1 Registered No. 20  
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Abraham Cantrell  
 (a) Residence, No. Loury City St. Clair Co. Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillie Hill Cantrell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 1, 1865</u>				
7. AGE YEARS <u>77</u>	MONTHS <u>9</u>	DAY <u>5</u>	If LESS than 1 day, .....hrs. or .....min.	
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>				
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)				
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Marshfield</u> <u>Webster Co. Missouri</u>				
13. NAME <u>John J. Cantrell</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Given</u> <u>Not Known</u>				
15. MAIDEN NAME <u>Mary Connally</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u> <u>Not Given</u>				
17. INFORMANT (NAME) (ADDRESS) <u>Mrs. Lillian Olson</u> <u>2914 Pascal K. Co. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Loury City Cemetery</u> DATE <u>11/31</u> 19 <u>43</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H. G. Austin</u> <u>Loury City Mo.</u>				
20. FILED <u>Jan. 6, 1943</u> <u>B. E. Holt</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>12/31/42</u> 19 <u>42</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>12-31-42</u> , 19 <u>42</u> , to <u>—</u> , 19 <u>—</u> .	
I last saw him alive on <u>12-31</u> , 19 <u>42</u> . Death is said to have occurred on the date stated above, at <u>12:45</u> Am.	
The principal cause of death and related causes of importance were as follows:	
<u>Cerebral Hemorrhage</u>	Date of onset <u>12-31-42</u>
<u>Hypertension</u>	
Other contributory causes of importance: <u>gla</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury	
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?	
If so, specify (Signed) <u>T. H. Dangler, Jr.</u> , M. D. <u>Overland, Mo.</u>	

Wm. C. Foster Deputy 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.

50M-0-10 I X16603

RECEIVED

District Health Officer No. 7,

District File Number 1-43-21

Date Filed 1-3-43

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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 H. C. Austin.....

Licensed Embalmer No. 3609.....

P. O. Address Lourey City 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, above space should be left blank.