

FILED DEC 9 1943

Registration District No. **2-13**

Primary Registration District No. **4364**

Registrar's No. **27**

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Stella
(c) Name of hospital or institution:
Cardwell Hospital
(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 Newton
(c) City or town Rural - Granby Twp.
(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 _____

3. (a) PRINT FULL NAME Agatha E. McAntire
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November, day 17
year 1943 hour 7:25 minute _____ A. M.

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced, Married**
6. (b) Name of husband or wife Robert McAntire **6. (c) Age of husband or wife if alive** 73 years
7. Birth date of deceased November 17, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-28 1943, to 11-17 1943
that I last saw her alive on 11-17 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 0 0 hr. _____ min.

Immediate cause of death:
Acute myocarditis & Angina pectoris
Duration 2 Hrs.

9. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife
11. Industry or business Own Home

Other conditions (Include pregnancy within 3 months of death) P3C

MOTHER FATHER { **12. Name** Franklin Stoehr
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Flia Gettings
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Robert McAntire
(b) Address Sweetwater Missouri
17. (a) Burial (b) Date thereof 11-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

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? _____

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Missouri
19. (a) 11-20-1943 (b) Agatha R. Hale Dyer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Cardwell (M. D. or other)
Address _____ Date signed 11-19-43

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

RECEIVED

District Health Officer No. 12-5-43
District File Number 1243-225
Date Filed 12-7-43

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 *Lorey Thompson*.....

Licensed Embalmer No. *3259*.....

P. O. Address *Neosho 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.