

FILED JAN 11 1944

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hosp.
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 12 Hrs. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Webster Co
(c) City or town Mangrove Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F. D # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OSSO J. CANTRELL

3. (b) If veteran, name war Wark. 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verdie Mae Cantrell 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased July 20 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Webster Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name H. C. Cantrell
13. Birthplace Mo. Dec. 1
(City, town, or county) (State or foreign country)
14. Maiden name Frances Rust
15. Birthplace Missouri Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Verdie Cantrell
(b) Address Mangrove R.F. D # 2
17. (a) Burial (b) Date thereof 12-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Oak
18. (a) Signature of funeral director Fun. Fairley
(b) Address Marshall Mo
19. (a) 12-24-43 (b) O. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1943 hour 4 minute 15 a.m.
21. I hereby certify that I attended the deceased from 12/23
1943 to 12 24 1943
that I last saw h. alive on 12/23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease
Due to Rheumatic fever
Due to _____
Other conditions Pulmonary Embolus 2 days
(Include pregnancy within 3 months of death)

Duration 15 yr. +
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations 92d
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 Harry D. Callaway (M. D. or other) MD
Address Springfield Mo Date signed 12/25/43

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

MOTHER FATHER

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

Tex Loring

Licensed Embalmer No.

3312

P. O. Address

Marshfield

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.

X