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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1944

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 2834

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Walnut Grove 0
(If outside city or town limits, write "RURAL")

(d) Street No. [illegible]
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Homer A. Cantrell

3. (b) If veteran, name war None

3. (c) Social Security No. Don't Know

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nell B. Cantrell

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 29 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	59	0	10	hr. min.

9. Birthplace Dade County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name James T. Cantrell
13. Birthplace Unk. Tenn 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. York
15. Birthplace Unk. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Cantrell
(b) Address Walnut Grove, Mo.

17. (a) Burial (b) Date thereof Jan. 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Near Everton Mo.

18. (a) Signature of funeral director Willard B. Erwin
(b) Address Dadeville Mo.

19. (a) 1-8-44 (b) Dr W E Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 8, year 1944 hour 7:30 minute a. M.

21. I hereby certify that I attended the deceased from 2-1, 1939, to 1-8, 1944 that I last saw him alive on 1-7, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	10 days
Due to Arterio Sclerotic Heart Disease	5 yrs +
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Springfield Mo. Date signed 1-8-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Willard B Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.