

FILED APR 6 1944  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1264

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution:  
2625 Campbell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City Mo 8  
(If outside city or town limits write "RURAL")

(d) Street No. 2625 Campbell  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Lois L. Cantrell

3. (b) If veteran, name war..... No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21  
year 1944 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 8, 1943, to Mar 21, 1944  
that I last saw her alive on Mar 20, 1944  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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

(b) Name of husband or wife James S. Cantrell

6. (c) Age of husband or wife if alive 67 years

(d) Birth date of deceased 7 29 1894  
(Month) (Day) (Year)

Immediate cause of death: coronary occlusion

Due to coronary sclerosis + hypertension

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

8. AGE: Years 49 Months 7 Days 22 If less than one day hr. min.

9. Birthplace: Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

MOTHER FATHER

11. Industry or business.....

12. Name Robert B. Graham

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Smith

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant James S. Cantrell  
(b) Address 2625 Campbell

17. (a) (Burial, cremation, or removal) (b) Date thereof 3 23 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. E. Sauer  
(b) Address 918 W. Washley

19. (a) 3-21-44 (b) Th. E. Brown  
(Date received local registrar) (Registrar's signature)

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: Minnie Bentes M.D.  
Address 46 Argyle St. Mo Date signed 3-21-44

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

Dr. Amin Boutross  
Argyle Bldg.  
1-5-P.

Vic 0349

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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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas 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, fact should be so stated above.**