S. No.
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. P. Martin 8678

State File No.

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 115

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: East Prairie Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Res
(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)
In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Mississippi
(c) City or town: East Prairie, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES WILLIAM CANTRELL
3. (b) If veteran, name war: ✓
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
(b) Name of husband or wife: Mary Francis Cantrell
(c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: April (Month) 7, (Day) 1882 (Year)

8. AGE: Years 62 Months 0 Days 0 If less than one day hr. min.

9. Birthplace: Blodgett (City, town, or county) Mo. (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: William Cantrell
13. Birthplace: Mayfield (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name: Ellen Franklin
15. Birthplace: Mayfield (City, town, or county) Ky (State or foreign country)
16. (a) Informant: Mary Francis Cantrell
(b) Address: East Prairie, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Shelby
18. (a) Signature of funeral director: Travis Shelby
(b) Address: East Prairie Mo
19. (a) 5-12-44 (Date received local registrar) (b) Brosman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1944 hour 9.50 minute a M.
21. I hereby certify that I attended the deceased from March 24, 1944, to April 7, 1944, that I last saw him alive on April 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage — Duration
Due to: Arterio-Sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): 83 o!
Major findings:
Of operations:
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: S P Martin (M. D. or other)
Address: East Prairie Mo. Date signed:

0271 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 544-256
Date Filed 5-16-44

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 Travis Shelby

Licensed Embalmer No. 272

P. O. Address East Prairie, 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.