. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19433

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2430

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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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1419 Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME /Charles Cantrill
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Diamy Cantrill
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 8 (Month) 15 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
66	9 10	21	hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired , Foreman Stock Yards
11. Industry or business Saddle Barn.
12. FATHER Name James Cantrill
13. FATHER Birthplace (City, town, or county) Ohio (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Diamy Cantrill
(b) Address 1419 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (c) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Mo.
19. (a) 6-7-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1945 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 6, 1945, to June 6, 1945; that I last saw him alive on June 6, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary arteriosclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy see above	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 Clark W. Kelly M.D. (M. D. or other)
Address Med. Dir. K. C. General Hospital Date signed

(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 Cortland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.