

STANDARD CERTIFICATE OF DEATH

Registration District No. 290

Primary Registration District No. 4427

1. PLACE OF DEATH

(a) County. Pulaski
(b) City or town. Waverly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. DeWitt Hospital
(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. 2 hrs -
years, months or days)

3. (a) PRINT FULL NAME. William Raymond Cantrell

3. (b) If veteran, name war. WW2 3. (c) Social Security No. 890-28-120

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Etta May Cantrell 6. (c) Age of husband or wife if alive. 51 years

7. Birth date of deceased. Sept 7, 1896 (Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 8 hr. min.

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

10. Usual occupation. Cream Tester

11. Industry or business. Pattern D

12. Name. Herbert Pinkney Cantrell

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

14. Maiden name. Laura Fore

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

16. (a) Informant. Mrs. H. R. Cantrell

(b) Address. Republic Mo.

17. (a) Burial (b) Date thereof. Dec. 18, 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Evergreen Cemetery

18. (a) Signature of funeral director. R. E. Thurman, D. C. (b) Address. Republic Mo.

19. (a) Dec 20-45 (b) L. O. M. D. D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Greene 39
(c) City or town. Republic 0
(If outside city or town limits, write "RURAL")
(d) Street No. East 51st 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15 year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4:00 P.M. 12/15/1945, 19, to 5:20 P.M. 12/15/1945; that I last saw him alive on 12-15 1945 and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary embolism. Due to. severe muscular strain. Due to.

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

Major findings: Of operations.

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) (a) Means of injury

23. Signature. Dr. F. P. Killip, M.D. or other. Address. Waverly Mo. Date signed 12/15/45

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, ^{and} or by Embalmer
E. M. Thurman, Registered Apprentice No. 3687
working under my personal supervision.

Signed

Licensed Embalmer No. 503

P. O. Address Rehoboth Beach, Del.

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, above space should be left blank.