

S. No. 2  
DM-2-43  
v. 5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10354

FILED MAR 24 1947  
Registration District No. 292

Primary Registration District No. 6000

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County ROLLS  
(b) City or town FRANKFORD Mo. R # 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 12 MILES N.E. VANDALIA (JASPER RD)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ROLLS 87  
(c) City or town FRANKFORD R # (JASPER RD)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 12 MILES N.E. VANDALIA  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

HAZEL MARJEAN CANTRELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife Jesse Cantrell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE - 8 - 1933  
(Month) (Day) (Year)

8. AGE: Years 13 Months 9 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation SCHOOL

11. Industry or business \_\_\_\_\_

12. Name JESSE CANTRELL

13. Birthplace STRANGERS HOME, ARK (City, town, or county) (State or foreign country)

14. Maiden name GODDIE MAE ESKEW

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

16. (a) Informant JESSE CANTRELL

(b) Address FRANKFORD, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETARY

18. (a) Signature of funeral director Glenn Smith

(b) Address Vandalia, Mo.

19. (a) 3/11/47 (Date received local registrar) (b) Clyde Swiney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Had passed away before arrival 3-10-47  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestion of lungs probably meningitis or with Duration \_\_\_\_\_  
Due to heart failure no doctor saw her 2 day

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Ill 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. K. Brown (M. D. or other) \_\_\_\_\_  
Address Paris, Mo. Date signed 3-13-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 10  
District File Number 3-47-328  
Date Filed MAR 18 1947

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.....

Ernest D. Wilson....., Registered Apprentice No. 490

working under my personal supervision.

Signed Clyde Wilkey.....

Licensed Embalmer No. 3820

P. O. Address Perry 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.