S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

Registration District No. 1507

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 1474

Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community: 29 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 1626 So. River 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Joseph Sherman CANTRELL
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Lula Robinson Cantrell
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: October (Month) 15 (Day) 1867 (Year)

8. AGE: Years 80 | Months 2 | Days 19 | If less than one day: hr. min.
9. Birthplace: Marshville, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Retired Hatcheryman
11. Industry or business:
FATHER
12. Name: Felix Cantrell
13. Birthplace: Unknown (City, town, or county) Tenn. (State or foreign country) 1
MOTHER
14. Maiden name: Jane Pitchford
15. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant: Mrs. Lula R. Cantrell
(b) Address: 1626 S. River Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 1-5-1948 (Date received local registrar) (b) R. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 4th. year 1948 hour 2:35 minute A. M.
21. I hereby certify that I attended the deceased from October, 1941, to January 4, 1948; that I last saw him alive on January 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute congestive heart failure	2 days
Due to: Cerebral hemorrhage	2½ days
Due to: Arteriosclerotic heart disease	10-15 years
Other conditions: Chronic nephritis (Include pregnancy within 3 months of death)	?
Major findings: Benign prostatic hypertrophy	
Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: 0
23. Signature: Charles F. Sokell (M. D. or other) M.D.
Address: Carthage, Mo. Date signed: Jan. 5, 1948

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-1-8

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 Marion Y. McCormick, Registered Apprentice No. 17, working under my personal supervision.

Signed Ed Lee [illegible]

Licensed Embalmer No. 2222

P. O. Address Carthage, 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.