

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 55

1. PLACE OF DEATH

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs.  
years, months or days

3. (a) PRINT FULL NAME John Cantlon  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Cantlon 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 11 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired School teacher

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

12. Name Jerry Cantlon  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Ann Williams  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Cantlon  
(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Apr. 13 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crestburg, Mo.

18. (a) Signature of funeral director L. H. Helmsman  
(b) Address Odessa, Mo.

19. (a) April 13-1944 (b) Bertie Gentry  
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1944 hour 7 minute 45 P. M.  
21. I hereby certify that I attended the deceased from April 12 1944 to April 22 1944  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema  
Chronic Endocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
92H

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

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? \_\_\_\_\_  
CAI (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Dr. R. Patterson M. D. or other MO  
Address Warrensburg, Mo. Date signed 4-13-44

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

RECEIVED  
District Health Officer No. 8,  
District File Number 5-15-41  
Date Filed

**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 *Irving L. Heisman*

Licensed Embalmer No. *7541*

P. O. Address *Odessa, 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, above space should be left blank.**