

Registration District No. **163**

Primary Registration District No. **4092**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County bedar

(b) City or town Eldorado Springs, mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days) 1-12

3. (a) PRINT FULL NAME ALFRED C. CONSTABLE

8. (b) If veteran, name war 8. (c) Social Security No.

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

6. (b) Name of husband or wife Hannie Constable 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug-15-1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>5</u>	hr. <u> </u> min. <u> </u>

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

10. Usual occupation merchant

11. Industry or business

MOTHER { 12. Name Unknown

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Rose Franklin
(b) Address Hanibal Mo.

17. (a) Burial (b) Date thereof Jan-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Springs, mo

18. (a) Signature of funeral director Wm. Siders
(b) Address Eldorado Springs, mo

19. (a) 1-22-40 (b) W. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County bedar

(c) City or town Eldorado Springs, mo
(If outside city or town limits, write "RURAL")

(d) Street No. 121 W. Marshal St
(If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1940 hour 9:10 p.m. minute M.

21. I hereby certify that I attended the deceased from 6/1 1939, to 1/20 1940, that I last saw him alive on January 20 1940 and that death occurred on the day and hour stated above.

Immediate cause of death Carcinoma of the stomach Duration 2

Due to

Due to

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

Major findings: Prostatectomy (postop.) PHYSICIAN

Of operations Supra pubic prostatectomy

Of autopsy none

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) (e) Means of injury

23. Signature Wm. J. Mc Kee (M. D. or other)

Address Eldorado Springs Date signed 1/22/40

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

RECEIVED
District Health Officer No. 7,
District File Number 2-40-161
Date Filed 2-2-40

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 OB Sanders

Licensed Embalmer No. 3250

P. O. Address Edwards Bldg. 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.