No. 2
—5-42
5-17-39
1 -X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29413

Registration District No. 2

Primary Registration District No. 6276

Registrar's No. 35

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

1. PLACE OF DEATH
(a) County Worth
(b) City or town Rural (Union)
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Worth
(c) City or town Sheridan
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jimmy Eugene Constant
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 9 (Day) 1946 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Worth Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Dale Constant
13. Birthplace Grant City Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Viola Van Ausdall
15. Birthplace Skidmore Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Dale Constant
(b) Address Sheridan Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sheridan Cemetery
18. (a) Signature of funeral director Lacen A. Boyd
(b) Address Sheridan Mo.
19. (a) Aug 26-46 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1946 hour 0 minute M.
21. I hereby certify that I attended the deceased from Aug 9, 1946 to Aug 11, 1946
that I last saw him alive on Aug 11, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nasal Hemmorage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N.O.	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. G. Gaston (M. D. or other) MD
Address Maryville Mo Date signed 9-12-46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Lorcin O. Boyd

Licensed Embalmer No. 2735

P. O. Address Sheridan Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 214 Primary Registration District No. 6276 Registrar's No. 3 J-

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

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Rural
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth
(c) City or town Sheridan
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jimmy E. Constant
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive (Years)
7. Birth date of deceased Aug 9 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Aug 26-46 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

29413