

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37754

State File No.

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Mercer
 (b) City or town Princeton
 (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 All his life
years, months or days)3. (a) PRINT FULL NAME Emery R. Constable

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Frona Constable 6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased July 23 1880
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 3 20 hr. _____ min.9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Pension

11. Industry or business _____

12. Name Marion Constable13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Liza Taylor15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Frona Constable(b) Address Princeton, Mo.17. (a) Burial (b) Date thereof 11-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Ridge(a) Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.19. (a) 11-15-46 (b) Emery R. Constable
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
 (c) City or town Princeton
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 46 hour 10 minute 00 a.m.21. I hereby certify that I attended the deceased from 16 October, 1946 to 13 November, 1946
that I last saw him alive on 13 November, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 4 wksDue to Cardio-vascular-renal degeneration.

Due to _____

Other conditions 1318
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. S. Boston (M. D. or other) MDAddress Princeton, Mo Date signed 14 Nov

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

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..... *H. Ivan Martin*

Licensed Embalmer No. *5260*

P. O. Address *Parsons, 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.