

FILED MAY 12 1947

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 599

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (Specify whether  
In this community Lifetime (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 605 1/2 No. 13th. St. 7  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \*

3. (a) PRINT FULL NAME Emma Constant

3. (b) If veteran, name war None 3. (c) Social Security No. 498-24-8205

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

6. (b) Name of husband or wife Charles E. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 30 1888  
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 28 If less than one day  
hr. min.

9. Birthplace Carthage Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Jake Wineinger

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

14. Maiden name Mary Alice Baugh

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

16. (a) Informant Mr. Chas. E. Constant

(b) Address 605 1/2 No. 13th. St.

17. (a) Burial (b) Date thereof May 1, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Missouri

18. (a) Signature of funeral director Norman W. Sidenhiser

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 5-5-47 (b) G. B. Jenkins  
(Date received local registrar) (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 23 1943 to April 28 1947  
that I last saw he alive on April 28 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency  
Myocardial  
Due to Cardiac Decompensation

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Dr. Lerman (M. D. or other) MD  
Address St. Joseph, Mo. Date signed 4-29-47

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

MOTHER FATHER

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.....

*James W. B. Clanchan* Registered Apprentice No. *486*  
working under my personal supervision.

Signed.....

*Robert H. Gable*

Licensed Embalmer No. *3308*

P. O. Address..... *St. Joseph, 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.**