S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41612
Registrar's No. 5368

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

1. PLACE OF DEATH

(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether
In this community: 11 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Harrison 41
(c) City or town: Bethany, Mo (If outside city or town limits, write "RURAL")
(d) Street No.: East Central (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Sylvia M Constant
3. (b) If veteran, name war: No.
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Jasper Newton Constant
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 24 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	11	28	hr. min.

9. Birthplace: Siloam Springs (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER
12. Name: L. Z. Williams
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rachel Victoria Burns
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Lenorad Petitt
(b) Address: Independence, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany Mo
18. (a) Signature of funeral director: [illegible]
(b) Address: Bethany Mo
19. (a) 12-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 22 year: 1947 hour: 4 minute: 20 P.M.
21. I hereby certify that I attended the deceased from Dec 22, 1947, to Dec 22, 1947 that I last saw her alive on Dec 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic carcinoma to spinal cord from primary in uterus
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 48 B
Of autopsy:

Duration

PHYSICIAN
Underline the cause of 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: James J. Hillaughlin M.D.
Address: Research Hospital Date signed: 12/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....M B Haas.....

Licensed Embalmer No.....3899.....

P. O. Address.....Bethany 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.