

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15040

State File No.

Registration District No. 477

Primary Registration District No. 4286

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(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 77 Years. 10 monts. One day
years, months or days)

3. (a) PRINT FULL NAME Ella D. Constantz

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gus Constantz 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 26th, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 1 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John M. Board
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Margarett Ramsey
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Gert Constantz
(b) Address Canton Mo.
17. (a) Burial (b) Date thereof Apr. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director A. M. Roberts
(b) Address La Grange Mo.
19. (a) Apr. 28, 1941 (b) P. W. Jennings, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Canton 1
(If outside city or town limit, write "RURAL") 0
(d) Street No. White St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from 5-21
1940, to 4-27, 1941;
that I last saw her alive on 4-27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 11 mo

Due to Essential hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) 82 lb

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature Earl Porter (M. D. or other) D.O.
Address Canton Mo. Date signed 4/28/41
While at work? _____ (Specify type of place) (e) Means of injury 7

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-962

Date Filed MAY 20 1941

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.....

A. A. Roberts

....., Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 1626

P.O. Address La Grange, 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.