

FILED APR 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 292

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: State Hosp # 21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs 3 mo 26 dy
(Specify whether years, months or days) 11 yrs 3 mo 26 dy
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Delaware
(c) City or town Emerson
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN B. CONSTANCE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife Walter Howard 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 9, 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Jean Constance 4

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

14. Maiden name Barth Strop

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

16. (a) Informant Arthur Constance

(b) Address Stuartville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/46
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Creek Cemetery

18. (a) Signature of funeral director Wagon Funeral Home

(b) Address Stuartville Missouri

19. (a) Mar. 11, 1946 (Date received local registrar) (b) J. J. Leiblehush (Registrar's signature) BY W.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 1946 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from Mar 7 1946, to Mar 8 1946; that I last saw him alive on Mar 8 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 48 hr

Due to Cardiac Disease 4

Due to _____

Other conditions... (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy 107
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 J. J. Leiblehush (M. D. or other) 0

Address State Hosp # 21 St. Joseph, Mo. Date signed 3/9/46

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

7475

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.....

Licensed Embalmer No.....

P. O. Address.....

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.