FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1949

Registration District No. 132

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5420

State File No. 42460

Registrar's No. 181

1. PLACE OF DEATH:

(a) County: Grundy

(b) City or town: Trenton R.F.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Grundy

(c) City or town: Galt
(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 .....

3. (a) PRINT FULL NAME: JOHN MARTIN CONSTANT

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: July (Month) 6 (Day) 1887 (Year)

8. AGE: Years 61 Months 5 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace: Humphreys (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: None

FATHER
12. Name: John Constant
13. Birthplace: Livingston Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Margaret Hurst
15. Birthplace: Lexington (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs Fred Morrow
(b) Address: Humphreys Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Humphreys Mo

18. (a) Signature of funeral director: P.K. Payne Jr
(b) Address: Galt Mo

19. (a) 12-20-48 (Date received local registrar) (b) Irene Jacobs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17 year 1948 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to Dec 17, 1948 that I last saw him alive on Dec 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	2 yrs
Diabetes Mel.	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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: E. A. Duffy (M. D. ~~or other~~)
Address: Trenton Mo Date signed Dec 18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USING 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.....P K Payne Jr.....

Licensed Embalmer No.....3400.....

P. O. Address.....Galt.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.