DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 6 OCT 10 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31839

Registration District No. 73 | Primary Registration District No. 3006 | Registrar's No. 186

1. PLACE OF DEATH:
(a) County Boone. 2
(b) City or town Columbia
(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 #12 S. 1st St. (Specify whether
In this community 74 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 12 S. 1st St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

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3. (a) PRINT FULL NAME Levi Latimer.
3. (b) If veteran, name war ✓
3. (c) Social Security No. 10-157
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy Latimer
6. (c) Age of ~~husband or~~ wife if alive 72 years
7. Birth date of deceased 2 (Month) 22 (Day) 1862 (Year)

8. AGE: Years 77 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace ~~Ohio?~~ (City, town, or county) Ohio? (State or foreign country)
10. Usual occupation Day Laborer.
11. Industry or business ✓
FATHER
12. Name Isaac Latimer.
13. Birthplace Ohio? (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Barker
15. Birthplace (City, town, or county) Ohio? (State or foreign country)
16. (a) Informant's own signature X
(b) Address W. F. Latimer Centralia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 11 (Day) 39 (Year)
(c) Place: burial or cremation Red Rock
18. (a) Signature of funeral director W. H. Vandeventer
(b) Address Columbia Mo.
19. (a) 9/12/39 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1939 hour 12 minute noon
21. I hereby certify that I attended the deceased from March 1, 1936 Sept 8, 1939, to 9-8-, 1939
that I last saw him alive on Aug 16, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral haemorrhage	6 mos
Due to Arteriosclerosis	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. W. Kampschmidt (M. D. or other)
Address Columbia Mo Date signed 9-12-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
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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. W H VandeVenter

Licensed Embalmer No. 2494

P. O. Address Columbia, 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.