MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32711
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township Marion — Primary Registration District No. 5562 — Registered No. 177
(c) City or Township — (d) Street No. Rural Route 4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 4 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Priticia Jane Latshaw
(a) Residence, No. Rural Route 4 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27-1939

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	4	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co., Mo. 0

FATHER
13. NAME Elmer Latshaw 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Southwest City! Mo.

MOTHER
15. MAIDEN NAME Bessie Erskin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Mr. Elmer Latshaw Rural Route 4, Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE 9-18- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Funeral Home Carthage, Mo.

20. FILED Sept. 18 1939 E. J. McIntire M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Birth 4/27 1939 to Sept 17 1939
I last saw h. en alive on Sept 17 1939 Death is said to have occurred on the date stated above, at 11:05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital debility	
Premature	
Cause not known	

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. E. Byrd, M. D.
(Address) Carthage Mo!

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D... Health Officer. No. 6,
District File Number 1039-1999
Date Filed OCT 6 1939

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 com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.