

STANDARD CERTIFICATE OF DEATH

State File No. 36753

Registration District No. 409

Primary Registration District No. 4363

Registrar's No. 133

1. PLACE OF DEATH:  
(a) County NEWTON  
(b) City or town NEO 5170  
(c) Name of hospital or institution:  
722 Young St.  
(d) Length of stay: In hospital or institution 1 month  
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County McDonnell  
(c) City or town Pineville  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME GEORGE LATTY 3F-10  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 25  
year 1939 hour 10 AM minute \_\_\_\_\_ M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
(b) Name of husband or wife Roseella Latty 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 9 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15, 1939, to Oct 25, 1939;  
that I last saw him alive on Oct 25, 1939;  
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death myocarditis + chronic Hypertension  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Missouri - Noel-Rural  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Other conditions Senility + Dementia  
(Include pregnancy within 3 months of death)  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name William Latty  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Martin  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

Major Findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant's own signature B. Danell  
(b) Address 722 Young St. Neosho, Mo.  
17. (a) Burial (b) Date thereof 10-27-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pineville Mo. Cemetery  
18. (a) Signature of funeral director Barly Thompson  
(b) Address Neosho Mo.  
19. (a) 10-27-39 (b) Orval R. Sale  
(Date received local registrar) (Registrar's signature)

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 Repaerson (M. D. or other) \_\_\_\_\_  
Address Neosho Mo. Date signed \_\_\_\_\_

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2328

Date Filed NOV 10 1936

**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 Gail K. Gay, Registered Apprentice No. 189 working under my personal supervision.

Signed Carey Thompson  
Licensed Embalmer No. 3259  
P. O. Address Neosho 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.**