V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10971

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 267

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

1. PLACE OF DEATH: (a) County GREENE
(b) City or town SPRINGFIELD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 3 (years, months or days)

2. USUAL RESIDENCE OF DECEASED: (a) State Mo. (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D #3. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME MARVIN RICHARD LATHEM

3. (b) If veteran, name war

3. (c) Social Security No. 493-16-9105

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased May (Month) 30 (Day) 1890 (Year)

8. AGE: ✓ Years 49 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation Warehouse Employee

11. Industry or business Milling

FATHER
12. Name Wm Jackson Lathem
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Adeline Graves
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Irene Lathem
(b) Address Springfield, Mo. R#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 3/15/40 (Date received local registrar) (b) Chas. D. George (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1940 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from March Third, 1940, to 3/14, 1940 that I last saw him alive on 3/14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism rt. — Duration 6 days

Due to Rt. Inguinal herniotomy 122.2

Due to

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

Major findings: Of operations Sliding rt. ing. hernia

Of autopsy Pulmonary embolism rt

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? 2 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature F. W. Boulder (M. D. or other) M.D.
Address Medarts Spfld Mo. Date signed 3/15/40

#5

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Slone Jr, Registered Apprentice No. 232, working under my personal supervision.

Signed William Max Rhodes

Licensed Embalmer No. 4021

P. O. Address Springfield

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.

X