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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10996

FILED APR 23 1940

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 295

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2318 Elizabeth (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits write "RURAL")

(d) Street No. 2318 Elizabeth (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME HENRY HOUSTON LATHAM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife Ella Latham 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month) 10 (Day) 1860 (Year)

8. AGE: Years 79 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Bolling Green (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

FATHER 12. Name Jerry Latham

13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Lydia Langston

15. Birthplace No 1 (City, town, or country) Kentucky (State or foreign country)

16. (a) Informant Mrs Ella Latham

(b) Address 2318 Elizabeth Ave

17. (a) Interment (Burial, cremation, or removal) (b) Date thereof 3/24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Grove Mo

18. (a) Signature of funeral director Fred C Thieme

(b) Address Springfield Mo

19. (a) 3/24/40 (Date received local registrar) (b) Chas. A. George (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1940 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw him ~~in~~ alive on March 23 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Immediate
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 Ted White (M. D. or other) M.D.

Address Conner Greene County Date signed 3/23/40

(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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed R H Chiene

Licensed Embalmer No. 3681

P. O. Address Springfield 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.

X