

Registration District No. 533

Primary Registration District No. 3027

State File No. \_\_\_\_\_

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Macon  
 (b) City or town Macon  
 (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) 7  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Wm J Latchford 321

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Rosa Welsh 6. (c) Age of husband or wife if alive Married years

7. Birth date of deceased Jan 1 1873  
 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labourer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Edward Latchford  
 18. Birthplace Ireland  
 14. Maiden name Don't know  
 15. Birthplace Don't know  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Latchford  
 (b) Address Macon Mo

17. (a) burial (b) Date thereof Mar 8-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Albert Skinner  
 (b) Address Macon Mo

19. (a) 4/2/40 (b) Seeta Newkirk  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon  
 (c) City or town Macon  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Wuburn  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7  
 year 1940 hour 4 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 24  
24, 1940 to Feb. 24, 1940  
 that I last saw him alive on Feb 24, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
 Due to Arteriosclerosis 1935

Due to \_\_\_\_\_  
 Other conditions 440  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
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While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J F Turner (M. D. or other) \_\_\_\_\_  
 Address Macon Mo Date signed 3/9/40

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

Rev. 5-17-39 I X1931

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. 10

District File Number 4-40-768

Date Filed APR 9 1940

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 *Geo. Phile*

Licensed Embalmer No. 4066

P. O. Address Macon, 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.