

FILED APR 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11953

State File No. _____

Registration District No. 1099 Primary Registration District No. 5868 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town Wardell
(c) Name of hospital or institution: Russell Barber Hospital
(d) Length of stay: In hospital or institution 3 days (Specify whether Life)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Missouri
(c) City or town Wardell
(d) Street No. North & East of Wardell mo.
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Billie Ray Latham
8. (b) If veteran, name war _____ 8. (c) Social Security No. 2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 16 year 40 hour 7 minute 45 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 3 (Month) 5 (Day) 1936 (Year)

21. I hereby certify that I attended the deceased from 8-9, 1939 to 2-16, 1940
that I last saw him alive on 2-16, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 11 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death: Lymphosarcoma of ileum with metastases
Due to _____

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

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation None

Major findings: Lymphosarcoma of ileum.
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name H. C. Latham
13. Birthplace Wardell (City, town, or county) mo (State or foreign country)
14. Maiden name Daisy Canoy
15. Birthplace Wardell (City, town, or county) mo (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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? _____

16. (a) Informant H. C. Latham
(b) Address Wardell
17. (a) Rural (burial, cremation, or removal) (b) Date thereof 2-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Wardell Cemetery

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature R. A. Buasberger (M. D. or owner)
Address Wardell, mo Date signed 2-16-40

18. (a) Signature of funeral director H. C. Latham
(b) Address Courtenaville
19. (a) 2-16-40 (Date received local registrar) (b) J. J. O'Leary (Registrar's signature)

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

78

3-240-31

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

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