

7
 MAY 3 1940

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

15945
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 371
 (b) Township 0 Primary Registration District No. 4462 Registered No. _____
 (c) City Bismarck (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 356 Claire Leslie Latsimer
 (a) Residence, No. Bismarck mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.R. Latsimer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck mo
 FATHER 13. NAME William Green
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 MOTHER 15. MAIDEN NAME Mary E. Malligan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redwood mo
 17. INFORMANT (ADDRESS) Geo. Bisplinghoff Bismarck mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck DATE 3-28-40
 19. FUNERAL DIRECTOR (ADDRESS) Wright & Hill Bismarck
 20. FILED Mar 27 1939 J. W. Galbreath Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1940
 22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1939, to 3-26, 1940
 I last saw her alive on 3-26, 1940 Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:
Appetency
Hypertension
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) James W. Hoffmann, M. D.
 (Address) Bismarck mo

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.

STATEMENT BY LICENSED EMBALMER

I, C. J. Hill, Licensed Embalmer No. 1852
hereby certify that the body recorded on the reverse side of this certificate was embalmed by C. J. Hill
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed C. J. Hill
Licensed Embalmer No.

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.)