

NOV 15 1940

Registration District No. 24

Primary Registration District No. 3009

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sycamore St., in Smelterville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Six years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hattie Lattin

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude Lattin 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased May 6, 1915  
(Month) (Day) (Year)

8. AGE: Years 25 Months 5 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Little Rock, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Morgan Grant  
13. Birthplace Charleston, S. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Fortune  
15. Birthplace Charlottsville, S. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Lattin

(b) Address Sycamore St., Cape Girardeau

17. (a) burial (b) Date thereof Oct. 17, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas.

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 10-12-40 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. Sycamore St. in Smelterville  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 1940 hour 9:30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 9-6- 1940, to 10-11- 1940; that I last saw her alive on 10-11- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_ (g) Means of injury \_\_\_\_\_

23. Signature W. A. Lingal (M. D. or other) \_\_\_\_\_

Address 17 N. Spring St. Date signed 10-12-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6-4

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.....

*Frank Sparks*  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Frank Sparks*

Licensed Embalmer No.....

*3455*

P. O. Address.....

*Cape Girardeau*

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.