

No. 2
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-17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2853

Registration District No. 398

Primary Registration District No. 3089

Registrar's No. 39

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution:
911 W. Maple Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Nebraska (b) County Lancaster
(c) City or town Lincoln
(If outside city or town limits, write "RURAL")
(d) Street No. 718 H. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 61 2 years.

3. (a) PRINT FULL NAME John Latter

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased Sept. 25 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Frienditz Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

12. Name William Latter

13. Birthplace No Record Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name No Record Keas

15. Birthplace No Record Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charlotte Cronk

(b) Address Independence Mo. 911 W. Maple

17. (a) Removal (b) Date thereof 1 - 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minden, Nebr.

18. (a) Signature of funeral director W. Stitt

(b) Address 815 W. Maple Independence Mo

19. (a) Jan 25 41 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24
year 1941 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 22 (122) to Jan 24 (124) 1941
that I last saw him alive on Jan 24 (124) 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Coronary Arteriosclerosis

Other conditions 44
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration
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?

3 hrs. While at work? (Specify type of place) (c) Means of injury

23. Signature Chas. Prusky (M. D. or other) 1/26/41
Address Independence Mo Date signed

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

18
4
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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *3181*

P. O. Address *Independence*

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, fact should be so stated above.