

Registration District No. 87 1941

Primary Registration District No. 6162

Registrar's No. 73

1. PLACE OF DEATH:
 (a) County Nevada
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hosp. # 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 months 24 days
 (Specify whether _____)
 In this community Same
 years, months or days)

3. (a) PRINT FULL NAME Marion Rosa Latham
 8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. M. B. Latham 6. (c) Age of husband or wife if alive 24 years
 7. Birth date of deceased OK OK 1867
 (Month) (Day) (Year)

8. AGE: Years 73 Months OK Days OK If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business
 MOTHER FATHER { 12. Name OK
 13. Birthplace OK OK 9
 (City, town, or county) (State or foreign country)
 14. Maiden name OK
 15. Birthplace OK OK 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Surv. Recd.
 (b) Address _____

17. (a) Buried (b) Date thereof 3/2/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Springfield, Mo

18. (a) Signature of funeral director Marjorie L. King
 (b) Address Nevada, Mo.

19. (a) 3-2-1941 (b) Allen V. Harjo
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. - 2 Willard Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 2
 year 1941 hour 5 minute 9 A. M.
 21. I hereby certify that I attended the deceased from July 6
 _____, 1940, to March 2, 1941
 that I last saw him alive on March 1, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic degenerative myocarditis
 Due to Generalized arteriosclerosis
 Due to Senility
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
795 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Wm. J. Greiner (M. D. or other) _____
 Address Nevada, Mo Date signed 3/2/41

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-616

Date Filed 4-7-41

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

Mark E. Eubank

Licensed Embalmer No. 2615

P. O. Address Devada, 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.