DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21302

State File No.

FILED JUL 18 1941

Registration District No. 104 Primary Registration District No. 5156 Registrar's No. 169

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Millersburg - Rural - Bourbon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Millersburg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Millersburg Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gordon Latimer

3. (b) If veteran, name war

3. (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 Evelyn Latimer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 31 (Day) 1873 (Year)

8. AGE: Years 67 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Boone Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isaac Latimer
13. Birthplace Penn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Barkis
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Evelyn Latimer
(b) Address Fulton Mo R.5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Millersburg Mo.

18. (a) Signature of funeral director Glen Y. Marpin
(b) Address 700 Court Fulton Mo

19. (a) June 10, 1941 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9, 1941
year hour 4 A M minute M.

21. I hereby certify that I attended the deceased from 4/5, 1941, to 5/19, 1941
that I last saw him alive on 5/19, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chr. nephritis	1 yr.
Due to arteriosclerosis	
Due to	
Other conditions chr. myocarditis (Include pregnancy within 3 months of death)	several years

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Henry Dunst (M. D. or other) M.D.
Address Fulton, Mo Date signed 6/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 5-17-39 I X19511

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 Glen G. Mangin

Licensed Embalmer No. 2425

P. O. Address Fulton, 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.