S. No. 2
4-13-40
5-17-39
I X2318

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17984

Registration District No. 318 FILED JUN 10 1942

Primary Registration District No. 2001

Registrar's No. 359

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 21 days (Specify whether years, months or days)

In this community (Niangua, Mo - Lifetime)

2. USUAL RESIDENCE OF DECEASED: 112

(a) State ~~Missouri~~ (b) County Webster 0

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

(d) Street No. (If rural, give location) 1

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

3. (a) PRINT FULL NAME James Alexander Letterman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Martha Cantrell - Letterman

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

7. Birth date of deceased January (Month) 4 (Day), 1866 (Year)

8. AGE: Years 76 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Webster Co, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Israel Letterman
13. Birthplace Unknown ~~Mo~~ Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Collison
15. Birthplace Unknown Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. E. Alexander (daughter)

(b) Address Marshfield, Mo

17. (a) Niangua (Burial, ~~cremation, or removal~~) (b) Date thereof 5 (Month) 9 (Day) 42 (Year)

(c) Place: burial or cremation Niangua Mo

18. (a) Signature of funeral director Rex Laney

(b) Address Marshfield Mo

19. (a) 5-9-42 (Date received local registrar) (b) Dr W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1942 hour 8 minute 17 P. M.

21. I hereby certify that I attended the deceased from April 15, 1942 to May 6, 1942 that I last saw him alive on May 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Cheoux Nephritis

Due to Prostatic Hypertrophy

Due to

Other conditions (Include pregnancy within 3 months of death) 137a

Major findings: Of operations Transurethral Resection of Vesicle Neck

Of autopsy April 23 1942

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature W S Handley (M. D. or other) M.D.

Address Springfield Mo Date signed 5-8-42

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(Licensed Embalmer's Statement on Reverse Side)

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 X

X, Registered Apprentice No. X

working under my personal supervision.

Signed Lee Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield 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, fact should be so stated above.