

No. 2
1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18438

State File No. _____

FILED JUN 16 1942

3027

Registration District No. 537

Primary Registration District No. 3027

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Macon

(b) City or town macon

(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town macon ⁶¹
(If outside city or town limits, write "RURAL") ₃

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

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Hugh P Latham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 25 - 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James W Latham

13. Birthplace va
(City, town, or county) (State or foreign country)

14. Maiden name Elanor Pifer

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Jeff Latham

(b) Address Redman Mo

17. (a) burial (b) Date thereof May 11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peeph Cem

18. (a) Signature of funeral director Edw B Skinner

(b) Address macon

19. (a) 5/30/42 (b) Jana B. Hunkler
(Date received local registrar) (Registrar's signature)

1287 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour 12:15 minute 7 M.

21. I hereby certify that I attended the deceased from May - 4 - 1942 to May - 9 - 1942
that I last saw him alive on May - 9 - 1942 and that death occurred on the date and hour stated above

Immediate cause of death Primary Sclerosis with Occlusion Duration _____

Due to General Arteriosclerosis with Myocarditis 11

Due to _____ 11

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ 942

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? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature A L Cambre (M. D. or other) 0
Address macon mo Date signed 5/26/42

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

RECEIVED

District Health Officer No. 10

District File Number 6-42-1287

Date Filed JUN 15 1942

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 Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macar

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.