

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21788

Do not use this space.

## 1. PLACE OF DEATH

(a) County Monteau Registration District No. 571  
(b) Township Wacker Primary Registration District No. 4335 Registered No. 37  
(c) City California (d) Street No. 10  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mrs Mary Alice Louise Latham Sauter  
(a) Residence, No. Hartsville, Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Surgeon Lathem  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1908  
7. AGE YEARS MONTHS DWS If LESS than 1 day, hrs. or min.  
34 10 14  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) About 1 year 11. Total time (years) spent in this occupation  
13 yrs  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County, Mo  
13. NAME W F Sauter  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County, Mo  
15. MAIDEN NAME Myrtle L. Hall  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County, Mo  
17. INFORMANT (ADDRESS) Surgeon Lathem, Hartsville, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Hartsville, Mo 6-26-42  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. Walden, Hartsville, Mo  
20. FILED 6-26-42 Mrs. James Roth, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1942  
22. I HEREBY CERTIFY that I attended deceased from June 23, 1942 to June 26, 1942  
Last saw her alive on June 26, 1942 Death is said to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis of Lungs  
Date of onset About 1938  
Other contributory causes of importance: Larynx  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Sputum Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) L. L. Latham, M. D.  
(Address) California, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 25 1955

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**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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville 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.**