

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Reg. no. 36642

State File No.

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
118 Webster St.
(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) 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Boone

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

(d) Street No. 118 Webster St.
(If rural, give location)

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

3. (a) PRINT FULL NAME NANCY C. LATIMER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1942 hour 2:30 minute P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Levi Latimer

6. (c) Age of husband or wife if alive..... years 1867

7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Janway
21 1937 to Nov 25 1942
that I last saw her alive on May 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months Days If less than one day
hr. min.

Immediate cause of death Chronic
myocarditis - Duration 5 yrs.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

Due to Chronic bronchitis

10. Usual occupation At Home

Due to

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

11. Industry or business

MOTHER FATHER

12. Name Matthew Sims

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

14. Maiden name Stone

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

Major findings: none

Of operations no op

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Matthew Latimer

(b) Address 118 Webster St., Columbia, Mo.

17. (a) Burial (b) Date thereof 11-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Rock Cemetery

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?

18. (a) Signature of funeral director James L. ...

(b) Address Columbia, Mo.

19. (a) Nov 29 1942 (b) Edna H. Barbice
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work? (c) Means of injury.....

23. Signature W. K. ... (M. D. or other)

Address Columbia, Mo Date signed 11-30-42

1250

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.