

ED APR 10 1943

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(c) Name of hospital or institution:  
113 North Eighth /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community...  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 113 North Eighth  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Frank Lathrop

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, Single

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if

7. Birth date of deceased January 29, 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Savannah Georgia (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Edward Stebbins Lathrop  
13. Birthplace Savannah Ga.  
14. Maiden name Georgia Missouri Prantly  
15. Birthplace Macon Ga.

16. (a) Informant Louise Lathrop  
(b) Address 401 E. Ponce DeLeon, Decatur Georgia

17. (a) Burial (b) Date thereof 2/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm. M. Smith  
(b) Address 902 Broadway Hannibal Missouri

19. (a) 2-20-43 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14  
year 1943 hour About 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from  
February 1, 1943 to February 14, 1943  
that I last saw him alive on February 14, 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Cardiac asthma

Due to Influenza

Due to  
Other conditions Myo-carditis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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

While at work? (Specify type of place) (Specify means of injury)  
23. Signature J. B. Hillman (M. D. or other) M.D.  
Address 500 Broadway, Hannibal, Date signed 2-15-43

Duration  
few  
hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

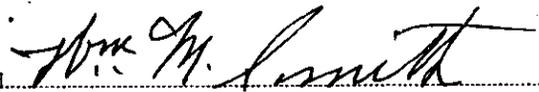
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

64  
3  
4

**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.....

..... George T. Bond ....., Registered Apprentice No. 350  
working under my personal supervision.

Signed.....  .....

Licensed Embalmer No. 1204

P. O. Hannibal Missouri

**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.**