

ED NOV 12 1943

Registration District No. **150**

Primary Registration District No. **5572**

Registrar's No. **128**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural - Prairie**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jackson County Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 mo 17 da**
50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Rural - Prairie**
(If outside city or town limits, write "RURAL")
(d) Street No. **Jackson Co. Home**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **—**

3. (a) PRINT FULL NAME **John Latimer**

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 alive **—** years

7. Birth date of deceased **March 29, 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **06** Days **7** If less than one day hr. min.

9. Birthplace **Buckner, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Employed in Laundry**

11. Industry or business **—**

MOTHER FATHER { 12. Name **Christy C. Latimer**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Rachel Ward**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Records J. C. Home**
(b) Address **Little Blue, Mo**
17. (a) **Woodlawn** (b) Date thereof **Oct 8, 1943**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Indep**

18. (a) Signature of funeral director **W. H. Mitchell**
(b) Address **Independence, Mo**
19. (a) **Feb 6, 1943** (b) **B. M. Delich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **6**
year **1943** hour **6** minute **9** M.

21. I hereby certify that I attended the deceased from **Jan 1, 1943** to **Oct 6, 1943**
that I last saw him alive on **Oct 5, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
resurrection

Due to **—**
Due to **—**

Other conditions (Include pregnancy within 3 months of death) **920**

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? (City or town) (County) (State) **—**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury **—**
23. Signature **J. W. Greene** (M.D. or other) **—**
Address **Independence** Date signed **10/6/43**

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

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.