

FILED APR 10 1944 Benton

State File No. ....

Registration District No. 331

Primary Registration District No. 6113

Registrar's No. 3

1. PLACE OF DEATH:  
(a) County. Scott  
(b) City or town. Rural *Marchant*  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community. 1 year  
years, months or days) (Specify whether.

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Scott  
(c) City or town. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 Miles East of Benton  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Martha Jane Latham  
(b) If veteran, name war X  
(c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. M  
(b) Name of husband or wife. William Latham (c) Age of husband or wife if alive. 66 years  
7. Birth date of deceased. 9 30 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 4 14 hr. min.

9. Birthplace. Harrisburg Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation. housewife

11. Industry or business.....

MOTHER FATHER { 12. Name. George Burroughs  
13. Birthplace. Galvin Co. Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name. Matilda Rodgers  
15. Birthplace. Shawneetown Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Vireda McDonald  
(b) Address. 1212 34th Ave. Oakland Cal.

17. (a) Burial (b) Date thereof. 2/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sikeston Mo.

18. (a) Signature of funeral director. H.W. Albritton

(b) Address. Sikeston Mo.

19. (a) Mar. 17-1944 (b) Leona Zimmerman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14  
year 1944 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan. 14 1944 to Feb. 14 1944  
that I last saw her alive on Feb. 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage  
Duration From 2-19-44

Due to Arteriosclerosis  
and  
Due to Hypertension

Other conditions. gza!  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
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?.....  
(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. 2

23. Signature. M. P. Brogan (Date or other) D.O.  
Address. Benton, Mo. Date signed 2-16-44

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

RECEIVED

District Health Office No. 2,

District File Number 444-502

Date Filed 4-2-44

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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.....

.....Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....John Albritton.....

Licensed Embalmer No.....2940.....

P. O. Address.....Sikeston 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.**