S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13417

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 341

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1912 Newton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 92 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1912 Newton
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME William Jackson Latham

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unk.

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

7. Birth date of deceased October 19, 1852
(Month) (Day) (Year)

8. AGE: Years 92 | Months 6 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Teamster

11. Industry or business Teamster

FATHER
12. Name Marion Latham
13. Birthplace Unk. South Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Foster
15. Birthplace Unk. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Latham
(b) Address 1912 Newton, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-45
(Month) (Day) (Year)
(c) Place: burial or cremation Robberson Prairie

18. (a) Signature of funeral director J.W.Klingner&Co.
(b) Address Springfield, Missouri

19. (a) 4-23-45 (Date received local registrar) (b) S. W. E. Hawkley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1945 hour ..... minute 5;10p M.

21. I hereby certify that I attended the deceased from Apr 1, 1945, to Apr 21, 1945
that I last saw him alive on Apr 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal - Vascular Disease

Due to .....

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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?
(Specify type of place)

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

23. Signature [signature] (M. D. or other) MD

Address Springfield, Mo. Date signed 4-23-45

(Licensed Embalmer's Statement on Reverse Side)

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.