V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24432

State File No.

Registration District No. 223 Primary Registration District No. 4334 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town Latham Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham
(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)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Latham, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Latham, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M. Dutcher
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12 (Day) 1875 (Year)
8. AGE: Years 70 Months 1 Days 12 If less than one day hr. min.
9. Birthplace Moniteau Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
MOTHER FATHER
12. Name Chas Dutcher
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Eliza J. Steely
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant J. Dutcher
(b) Address Latham, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 45 (Month) (Day) (Year)
(c) Place: burial or cremation Latham, Cent.
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) July 25-194 (Date received local registrar) (b) Mrs H. D. Sullens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from July 10, 1945, to July 24, 1945, that I last saw her alive on July 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 week
Due Generalized arteriosclerosis	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations (3)
Of autopsy 0

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 0
23. Signature Kenyon Latham (M. D. or other)
Address California Mo Date signed 7-25-45

8609 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-6-45

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, 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.