

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36671

FILED JAN 31 1946

Registration District No. 177 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4212 Walnut Residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 1 month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits write "RURAL")
 (d) Street No. 4212 Walnut
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward Latham
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 12th
 year 1946 hour _____ minute _____ M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lula Katherine Latham
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased December 8 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 21, 1945 to January 12, 1946
 that I last saw him alive on December 27, 1945
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Metastatic Carcinoma
 Due to Carcinoma of Stomach

9. Birthplace Miami County Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmers

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 46 lb

MOTHER FATHER
 11. Industry or business _____
 12. Name Bela Latham
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name E.E. Merchant
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings Ca. of Stomach
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Vera L. Latham
 (b) Address 4212 Walnut, Kansas City, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 14 46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Miami County, Kans

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 _____

18. (a) Signature of funeral director P. H. Meyle
 (b) Address Pool, Okla
 19. (a) 1-12-46 (Data received local registrar) (b) Clarence Palmer (Registrar's signature)

23. Signature J. B. Boynton (M. D. or other) M. D.
 Address 515 Alameda Rd., K. C., Mo. Date signed 1/12/46

1084 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.....

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

Signed..... *R. J. Metzler*

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.