S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 2502

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
Missouri State Penitentiary 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In ~~hospital~~ or institution 6 yrs 17 days (Specify whether
In this community 6 yrs 17 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 21

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

(d) Street No. Unknown
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Winmore Louthian

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknonw

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased 9 (Month) 2 (Day) 1918 (Year)

8. AGE: Years 27 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Elmer Louthian
13. Birthplace Baton Rouge, La (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Hosp. Records
(b) Address State Prison
Jefferson City, Missouri

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Mo

18. (a) Signature of funeral director Tanner Fun'l Home
(b) Address Jefferson City, Missouri

19. (a) 1-15-46 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-13-1946
year hour minute M.

21. I hereby certify that I attended the deceased from Dead when viewed
that I last saw alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death acute vegetative mitral valvulitis endocarditis streptococcus

Due to

Due to 92b

Other conditions acute hem. pancreatitis
(Include pregnancy within 3 months of death)
acute pulmonary hyperemia

Major findings:
Of operations with Cor. Pulmonale
Of autopsy See above

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 J. T. Leslie Coronor (M. D. or other)

Address Jeff. City Mo Date signed 1-13-1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-18-46

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. 3641

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.