. S. No. 2
M—8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29421

Registration District No. 379 Primary Registration District No. 4553 Registrar's No.

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

28258

1. PLACE OF DEATH:

(a) County Wright

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

(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State Missouri (b) County Wright

(c) City or town Mansfield 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Addie Latimer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Minor E Latimer

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb (Month) 8 (Day) 1864 (Year)

8. AGE: Years 82 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Newton
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Polly Ann Critcher
15. Birthplace Wright Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Fred Latimer

(b) Address Mansfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mansfield Cemetery

18. (a) Signature of funeral director F. A. Steffe

(b) Address Mansfield Mo

19. (a) 8/27/46 (Date received local registrar) (b) Irene C. Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from July 8, 1946, to Aug 25, 1946 that I last saw her alive on July 8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Inst
Due to Arterial Sclerosis	Sev Yr
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. A. Fuson (M. D. or other)

Address Mansfield Mo Date signed Aug 26 46

349

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-894
Date Filed AUG 31 1946

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 F. G. Steffe

Licensed Embalmer No. 3221

P. O: Address Mansfield 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.