

No. 2
1-2-43
5-17-39
I X35627

Registration District No. **1** Primary Registration District No. **3000** Registrar's No. **11**

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Community Nursing Home # 1 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks** (Specify whether years, months or days)
In this community **3 weeks**

3. (a) PRINT FULL NAME **Lawrence Latch**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** **None**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced.** **Single**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** **7** **1866** years (Day) (Year)

7. Birth date of deceased. **March** (Month) **7** (Day) **1866** (Year)

8. AGE: Years **80** Months **10** Days **8** If less than one day hr. min.

9. Birthplace **Brunswick Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER { **12. Name** **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **W. J. Boehne**
(b) Address **Brunswick, Missouri**

17. (a) Removal (b) Date thereof **1/16/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunswick, Mo**

18. (a) Signature of funeral director **DEE Riley**
(b) Address **Kirkville, Missouri**

19. (a) 1-23-47 (b) **Wate Lambert**
(Bureau of local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **15**
year **1947** hour **5:30** minute **P:** M.

21. I hereby certify that I attended the deceased from **Dec 29** 1946 to **Jan 15** 1947
that I last saw him alive on **Jan 15** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic pneumonia** Duration _____

Due to: **Cancer of bowels**

Due to: **Indistinct pneumonia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____ **51B**

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?

While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **W. A. Pinner** (If other than _____)
Address **Kirkville Mo** Date signed **1-18-47**

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

RECEIVED
DISTRICT OF COLUMBIA
JAN 28 1947
No. 10
47-182

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..... *D. E. Riley*

Licensed Embalmer No. *4181*

P. O. Address. *Kenilworth*

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.**