S. No. 2
DM—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1948

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28

State File No.

Primary Registration District No. 5005

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Yarrow, Rural Pettis Twp
(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 years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Yarrow Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MINTA LATHAM

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert Latham

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

7. Birth date of deceased October (Month) 12 (Day) 1863 (Year)

8. AGE: Years 84 Months 3 Days 7 If less than one day hr. min.

9. Birthplace New Albany, (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Farmwoman

11. Industry or business

FATHER
12. Name John H. Smith
13. Birthplace New Castle Co. (City, town, or county) Del. (State or foreign country)

MOTHER
14. Maiden name Martha Rawley
15. Birthplace New Castle Co. (City, town, or county) Del. (State or foreign country)

16. (a) Informant Mrs. Earl Drury
(b) Address R.F.D. #1 Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Yarrow Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.

19. (a) 1-24-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 19 year 1948 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from 1-19-47, 19..., to 1-18-1948, 19...; that I last saw her alive on 1-18-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy — Duration 2 days

Due to

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

23. Signature C. L. Martin D.O. (M. D. or other)

Address Kirksville Mo. Date signed 1-20-48

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1949

RECEIVED
District Health Officer No. 1
District File Number 1:48:145
Filed JAN 27 1948
Date

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 Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address Kittanning, Pa.

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.