

No. 2
1-5-43
5-17-39
1 X36871

State File No.

Registrar's No. 10

FILED JAN 27 1948
Registration District No. 1348

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
Springfield

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether

In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1002 N. Rogers
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elta Latimer

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Anson Latimer

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 9, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>8</u>	<u>24</u>	hr. _____ min.

9. Birthplace Shannon County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Boys' Matron, Springfield

11. Industry or business Childrens' Home

MOTHER FATHER

12. Name E.A. Gray

13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Loyd Latimer

(b) Address 1002 N. Rogers Ave., Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) 1-6-48 (b) W.S. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1948 hour 5:52 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from December 12, 1947, to January 3, 1948
that I last saw h. or alive on Jan 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death:

Pneumonia Folio Left Upper Lobe 23 days

Myocarditis Toxic 10 days

Due to Plumia Secondary 2 days

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (e) Means of injury

23. Signature G. G. Bechtold MD (M. D. or other) MD
Address 1630 Jefferson Springfield Mo. Date signed Jan 5 1948

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..... *Ralph H. Hudson*

Licensed Embalmer No. *2899 3681*

P. O. Address..... *Springfield, 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.