No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 6 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7483

Primary Registration District No. 3072

Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Saline 97
(b) City or town: Marshall, Mo. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: All His Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline 97
(c) City or town: Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 584 W. Marion 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: #

3. (a) PRINT FULL NAME: Henry H. Latham
3. (b) If veteran, name war: Yes
3. (c) Social Security No.: 487-09-7288

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Gladys Irene Latham
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: January 13, 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	1	11	hr. min.

9. Birthplace: Gilliam, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: International Shoe Factory
11. Industry or business: Lasting Dept.
FATHER
12. Name: Andrew J. Latham
13. Birthplace: Tipton Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Gertrude Simms
15. Birthplace: Tipton Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Henry H. Latham
(b) Address: 584 W. Marion, Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park Cem.
18. (a) Signature of funeral director: J. Leslie Swaney
(b) Address: Marshall, Mo.
19. (a) Feb. 26-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 24
year: 1948 hour: 4 minute: 45 A.M.
21. I hereby certify that I attended the deceased from Jan, 1947, to Feb 24, 1948; that I last saw him alive on Feb 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: James A. Ford (M. D. or other)
Address: Marshall Mo Date signed: 2-25-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
APR 11 1948

District File Number
Date Filed 3-5-48

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 Marvin V. Newton, Registered Apprentice No. 51, working under my personal supervision.

Signed J. Leslie Sweeney
Licensed Embalmer No. 3235
P. O. Address Marshall 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.