

FILED JUL 16 1948
Registration District No. **68**

Primary Registration District No. **5268**

1. PLACE OF DEATH:

(a) County **Christian**
(b) City or town **Rural Finley**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
in car enroute to Physicians office
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Rogersville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route # 2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LEONARD M. LATHAM**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Myrtle J. Akin** 6. (c) Age of husband or wife if alive **Unknown**
7. Birth date of deceased **April 4, 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 28 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

MOTHER FATHER
12. Name **James Latham**
13. Birthplace **Greene County, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Cox**
15. Birthplace **Greene County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Orville Latham (son)**

(b) Address **Springfield, Missouri**

17. (a) **burial** (b) Date thereof **6/9/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Gorman-Scharpf Fun'l Home** (Specify type of place)
(b) Address **Springfield, Missouri** (c) Means of injury **3**

19. (a) **June 30, 1948** (b) **Louella M. Leonard** Signature **J. W. Maples** (M. D. or other)
(Date received local registrar) (Registrar's signature) Address **Clever, Mo.** Date signed **June 2**

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) **54**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**
year **1948** hour **12** minute **Noon** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **94A**
Of operations

Of autopsy

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)

_____ (e) Means of injury **3**

Signature **J. W. Maples** (M. D. or other)

Address **Clever, Mo.** Date signed **June 2**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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RECEIVED

Health Officer No. 6,

File Number 748-777

Date Recd. 7-12-48

JUL 17 1948

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

Harry L. [Signature]

working under my personal supervision

Registered Apprentice No. 479

Signed

Lewis G. Schuff

Licensed Embalmer No. 3802

P. O. Address

Springfield

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.