

DEC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14006

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Frank Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2800 Madison St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1760

2. PRINT FULL NAME

Harvey W. Templeman
 (a) Residence, No. 2800 Madison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 7 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Cook
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 1

FATHER 13. NAME George Templeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME M. Elizabeth Dagle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (NAME) Margaret Summers
(ADDRESS) 2800 Madison

18. BURIAL, CREMATION OR REMOVAL PLACE Buffalo, Kans. DATE 4-27, 1939

19. FUNERAL DIRECTOR (NAME) Peter B. Sapetina
(ADDRESS) Kansas City

20. FILED Apr 26, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to April 24, 1939

I last saw him alive on April 27, 1939. Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration Date of onset

Chronic infarction
myofibrils

Other contributory causes of importance: 131

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury no, 19.....
 Where did injury occur? no
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) E. H. Kelly, M. D.

(Address) 409 Overland Ave
Kansas City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT OF LICENSED EMBALMER
FOR THE STATE OF CALIFORNIA
ISSUED BY THE BOARD OF EXAMINERS

PLATE NO. 12345

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.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.