

FILED MAR 5 - 1948

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

6590

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 314
 (b) Township Casper Primary Registration District No. 549B
 or
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 52. PRINT FULL NAME George Breckenridge Temple

(a) Residence, No. 0 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 <u>Male</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Minnie Temple</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-27-1857</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>6</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>5-8-1934</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburg Penn</u> 1		
FATHER	13. NAME <u>William Temple</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> 1	
MOTHER	15. MAIDEN NAME <u>Mary Clingensmith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> 1	
17. INFORMANT <u>W. E. Temple</u> (ADDRESS) <u>Rathdrum Idaho.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highridge</u> DATE <u>2-11</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) <u>J. Egan Johnson</u> (ADDRESS) <u>Starkley Mo.</u>		
20. FILED <u>2-7</u> 19 <u>40</u> <u>C. S. Seman</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 194022. I HEREBY CERTIFY, That I attended deceased from Nov 1939 to Jan 25 1940I last saw him alive on Jan 25 1940 Death is saidto have occurred on the date stated above, at 7:15 P.M.

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

Chronic Valvular heart disease Date of onset Nov 7, 1938Other contributory causes of importance: 4Name of operation None Date of MoWhat test confirmed diagnosis? Was there an autopsy? Mo

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Mo Date of injury Mo 19MoWhere did injury occur? Mo

(Specify city or town, county, and State)

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

Manner of injury MoNature of injury Mo24. Was disease or injury in any way related to occupation of deceased? MoIf so, specify Mo(Signed) A. J. Hinkle M. D.287 (Address) Ataulberdy Mo. 1

RECEIVED
District Health Officer No. 11,
District File Number 340-217
Date Filed MAR 4 1940

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.....

J. Evans Johnson

Licensed Embalmer No. 3492

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.