

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

10711
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township..... Primary Registration District No. 3014 Registered No. 72
 or
 (c) City Jefferson City (d) Street No. Mo. State Prison 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.

2. PRINT FULL NAME 514 JESS TEMPLETON 3

(a) Residence, No. 6 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	54	4	4	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>various</u>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT Self (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett Mo DATE 4-2-1940

19. FUNERAL DIRECTOR (NAME) Dawson-Tanner (ADDRESS) Jefferson City, Mo

20. FILED 3/27/1940 W. W. Rambo, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1940 to March 25, 1940

I last saw him alive on March 25, 1940 Death is said to have occurred on the date stated above, at 12.01 A.M.

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

Carcinoma of Lt. Jaw
Carcinoma of Tongue
Carcinoma of Glands of Lt. side of neck
 Other contributory causes of importance: Total Blindness

Date of onset

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

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

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

Accident, suicide, or homicide?..... Date of Injury....., 19.....

Where did injury occur?..... (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) W. W. Rambo, M. D.

(Address) W. W. RAMBO, M. D.

Cent. Tr. Bldg., Jefferson City, Mo.

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.

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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 J. M. Davis, Registered Apprentice No. _____ working under my personal supervision.

Signed J. M. Davis

Licensed Embalmer No. 3741

P. O. Address Jefferson City 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 10711

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 72

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

1. PLACE OF DEATH

(a) County. Cole
(b) City or town. Jefferson city
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.
(c) City or town. (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U.S. A. years.

3. (a) PRINT FULL NAME Jess Templeton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race col 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day)

8. AGE: Years 34 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 25 year 1940 hour minute M.

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

Immediate cause of death: Carcinoma of tongue
Jaw Carcinoma of tongue
Carcinoma of glands?
Due to st. side of neck
Total Blindness

Due to Carcinoma of tongue
Other conditions: 20 years
(Include pregnancy within 3 months of death)

Major findings: Of operations 45
Of autopsy

PHYSICIAN
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? (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? (c) Means of injury

23. Signature W. H. Rambo (M. D. or other)

Address Jefferson City Mo Date signed

SUPPLEMENTARY

S-10711

1940