FILED APR 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11401

Registration District No. 561 Primary Registration District No. 5756 A Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Etterville Saline
(If outside city or town limits, write "RURAL" and name of township)
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miller
(c) City or town Etterville Saline
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Virgle Ward Templeton
3. (b) If veteran, name war No
3. (c) Social Security No. 530-09-8093
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Velda
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 26 (Day) 1898 (Year)

8. AGE: Years 42 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Bagnell (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Crome Templeton
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Rosalie Johnston
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant J. D. Templeton
(b) Address Cedar, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Cedar, Mo.
19. (a) 3-25-1941 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1941 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3 19, 1941, to 3-23, 1941; that I last saw him alive on 3-23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to Pneumococci Type I

Due to Osteomyelitis When a Child

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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? (e) Means of injury
23. Signature C. C. Shelton (M. D. or other)
Address Cedar Mo Date signed 3-24-41

(Licensed Embalmer's Statement on Reverse Side)

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

Lewis D Phillips, Registered Apprentice No.

working under my personal supervision.

Signed Lewis D Phillips

Licensed Embalmer No. 3665

P. O. Address Decatur

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.