

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.

Registration District No. **689** Primary Registration District No. **20335-11** Registrar's No. **1**

1. PLACE OF DEATH:  
(a) County **PIKE**  
(b) City or town **RURAL - BUFFALO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **PIKE CO HOSPITAL 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 DAYS**  
(Specify whether years, months or days)  
In this community **30 yrs**

3. (a) PRINT FULL NAME **GEORGE WESLEY TEMPLETON**  
8. (b) If veteran, name war **-** 8. (c) Social Security No. **499-07-0566**

4. Sex **MALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**  
6. (b) Name of husband or wife **Lucie McReade** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **2 5 1875**  
(Month) (Day) (Year)

8. Age **66** Years **1** Months **3** Days If less than one day **hr. min.**

9. Birthplace **Pike Co** (City, town, or county) **Ill** (State or foreign country)

10. Usual occupation **NURSERY MAN**  
11. Industry or business **PACKING TREES**

MOTHER FATHER  
12. Name **Sam Templeton**  
13. Birthplace **Pike Co** (City, town, or county) **Ill** (State or foreign country)  
14. Maiden name **Mary E. Cunningham**  
15. Birthplace **Pike Co, Ill** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Ray Marshall**  
(b) Address **Ill**

17. (a) **BURIAL** (b) Date thereof **3/10/1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **BUFFALO CEMETERY**

18. (a) Signature of funeral director **W. J. Suss**  
(b) Address **Louisiana, Mo**

19. (a) **3-10-41** (b) **J. C. Ashley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Pike**  
(c) City or town **Louisiana**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **118 1/2 NORTH DRAVENWAY**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **3** day **8** year **1941** hour **1:50** minute **P.M.**

21. I hereby certify that I attended the deceased from **3-6-41** to **3-8-41**, 19**41**  
that I last saw him alive on **3-8-41**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Acute Intestinal Obstruction**  
Due to **General Peritonitis**  
Due to **Ruptured Peptic Ulcer**  
Other conditions (include pregnancy within 3 months of death)  
Major findings: **no operation**  
Of operations  
Of autopsy

Duration  
**2 days**  
**2 days**  
**2 days**  
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?  
While at work? (Specify type of place) (e) Means of injury

23. Signature **R. L. Ludman** (M. D. or other)  
Address **Louisiana, Mo** Date signed **3/18/41**

RECEIVED

District Health Officer No. 10

District File Number 4-41-703

Date Filed APR 10 1941

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.....

*Harold Garner*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Harold Garner*.....

Licensed Embalmer No. 3720.....

P. O. Address Louisiana.....

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.