

Registration District No. 44

Primary Registration District No. 5066

Registrar's No. 5

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Central Pop (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 57 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Smith Temple
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 30th year 1941 hour 9 minute _____ M.
 21. I hereby certify that I attended the deceased from Dec 20/40 1940 to Dec 20 1940 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Agnes Temple 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 10th 1862 (Month) (Day) (Year)

that I last saw ~~him~~ alive on Dec 20 1940; Immediate cause of death Apoplexy (Cerebral Hemorrhage) Duration 5 yrs

8. AGE: Years 78 Months 8 Days 20 If less than one day _____ hr. _____ min.

Due to _____ Due to 430
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Long Jack Mo (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name John Temple
 13. Birthplace unknown (City, town, or county) (State or foreign country)
 14. Maiden name Marcella Brown
 15. Birthplace unknown (City, town, or county) (State or foreign country)

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? 44

16. (a) Informant John Temple Jr
 (b) Address Santha Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-41 (Month) (Day) (Year)
 (c) Place: burial or cremation Santha Cemetery

(Specify type of place) (e) Means of injury _____
 23. Signature A. G. Eddlecum (M. D. or other) 11
 Address Liberal Mo Date signed 5/2/41

18. (a) Signature of funeral director River Funeral Home
 (b) Address _____
 19. (a) 5-3-1941 (Date received local registrar) (b) G. E. Locker, M.D. (Registrar's signature)

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

RECEIVED

District Health Officer No. 6

District File Number 641-837

Date Filed JUN 3 1944

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. 3141

P. O. Address

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.