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-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
AUG 11 1944  
MISSOURI CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24447

Registration District No. 53

Primary Registration District No. 3005

Registrar's No. 28

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

1. PLACE OF DEATH:  
(a) County. **Bates**  
(b) City or town. **Rich Hill**  
(c) Name of hospital or institution: **3rd & Maple**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **60 years**  
In this community **60 years**  
years, months or days

3. (a) PRINT FULL NAME **Emma Jane Templeton**  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife. **George Templeton** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **June 2 1853**  
(Month) (Day) (Year)

8. AGE: Years **88** Months **1** Days **12** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER  
12. Name **Alpheus Streator**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Orilla Streatre**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. J. Templeton (son)**  
(b) Address **Great Bend, Kansas**  
17. (a) **Burial** (b) Date thereof **7 15 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Paul G. Bentley**  
(b) Address **Rich Hill Mo**

19. (a) **July 4, 1941** (b) **Charles J. Allen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **007**  
(a) State **Missouri** (b) County **Bates**  
(c) City or town **Rich Hill**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Erd & Maple**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **14**  
year **1941** hour **8** minute **2** M.  
21. I hereby certify that I attended the deceased from **June 1 1940** to **July 14 1941**;  
that I last saw **her** alive on **June 13 1941**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cholera**  
Due to **Rehydration**  
Due to **Asphyxiation**  
Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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  
33. Signature **Charles J. Allen** M. D. or other  
Address **Rich Hill Mo** Date signed **7/4/41**

RECEIVED

District Health Officer No. 71

District File Number 8-41-1271

Date Filed 8-8-41

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 *me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *J. Hudson Penley*  
.....  
Licensed Embalmer No. *2730*

P. O. Address *Rich Hill 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, fact should be so stated above.