

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

7555
Do not use this space.

FILED MAR 16 1942

1. PLACE OF DEATH

(a) County Polk Registration District No. 703
 (b) Township Johnson Primary Registration District No. 4424
 (c) City Humansville, Mo. (d) Street No. Geo. D. Smith's Mem. Hospital 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 Lemuel Milton Templin

(a) Residence, No. Dunnegan Mo. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Olive Templin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>75</u>	<u>3</u>	<u>13</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</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) (STATE OR COUNTRY) <u>Kanoma Indiana</u>				
FATHER	13. NAME <u>James Templin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>			
MOTHER	15. MAIDEN NAME <u>Mary Fruit Hale</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>			
17. INFORMANT <u>Mary Olive Templin</u> (ADDRESS) <u>Dunnegan Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dunnegan Mo</u> DATE <u>2-8</u> 19 <u>42</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Grwin-Blue</u> <u>Baiguar Mo</u>				
20. FILED <u>Feb. 13</u> 19 <u>42</u> <u>Ora M. Rich</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1942

22. I HEREBY CERTIFY, That I attended deceased from 1/31 1942 to 2/8 1942

I last saw him alive on 2/8 1942. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Chronic myocarditis
1318

Date of onset

Other contributory causes of importance:

Prostatic Hypertrophy
Chronic nephritis

Name of operation Cystotomy Date of 2/8/42

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify _____

(Signed) Stylobius M. D.

(Address) Humansville, 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.

RECEIVED

District Health Officer No. 7.

District File Number 3-42-231

Date Filed 3-9-42

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 William B. Ewing
Licensed Embalmer No. 3092
P. O. Address Baltimore, Md.

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.