S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41577

FILED JAN -8 1943

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 401

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

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: COUNTY HOME 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether

In this community 41 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

(c) City or town SEDALIA RURAL 0 (If outside city or town limits, write "RURAL")

(d) Street No. COUNTY HOME 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME THOMAS JEFFERSON TEMPLETON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife EMMA

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 4 (Month) 2 (Day) 1852 (Year)

8. AGE: Years 89 Months 8 Days 2 If less than one day — hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ✓ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Templeton

(b) Address Pettis County

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Gillespies

(b) Address Sedalia Mo.

19. (a) 12/14/42 (Date received local registrar) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 1942 to Dec 11 1942 that I last saw him alive on Dec 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic — Duration

Due to Arterio Sclerosis & Senile Changes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

93d

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 W. A. Beckemeier (M. D. or other)

Address Sedalia Mo. Date signed 12/14/42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-6-42

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 L. E. Boulehin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.