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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5152

State File No. 1744

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural Grant Twn.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Edgar Lawrence Temple

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ola Temple

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

7. Birth date of deceased April (Month) 11 (Day) 1874 (Year)

8. AGE: Years 68 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Utica (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Temple
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary BeVoe
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant C H Temple
(b) Address Trenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 15 (Day) 1942 (Year)

(c) Place: burial or cremation Hamilton, Mo.

18. (a) Signature of funeral director Cramer Clark,
(b) Address Kingston, Missouri.

19. (a) 1-9-43 (Date received local registrar) (b) Mrs Vivian Bridgewater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 12 year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Sept 24, 1942, to Dec 12, 1942 that I last saw him alive on Dec 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (Left)	6½ hrs
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C H Wilber (M. D. or other)

Address Polo Mo Date signed 12-14-42

(Licensed Embalmer's Statement on Reverse Side)

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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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Missouri.

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.