No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 147

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20903

Primary Registration District No. 1002

Registrar's No. 2700

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1914 E. 13th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 38

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 1914 E. 13th
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Virgil Tamplin

3. (b) If veteran, name war —

3. (c) Social Security No. no

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Martha

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

7. Birth date of deceased May (Month) 1 (Day) ~~1944~~ 1873 (Year)

8. AGE: Years 71 Months 1 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Shreveport (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Sam Tamplin
13. Birthplace (City, town, or county) La. 1 (State or foreign country)

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

16. (a) Informant Willie B. Duncan
(b) Address 1914 E. 13th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th

19. (a) 6-28-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26 year 1944 hour 12 minute 30A M.

21. I hereby certify that I attended the deceased from June 22, 1944 to June 26, 1944 that I last saw him alive on June 22nd, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insf.

Due to —

Due to — 92a

Other conditions Hypertension - Edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy none

Duration

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 J. B. Guggenheim (M. D. ~~or other~~)

Address 2202 E. 18th Date signed 6/27/44

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.