

FILED OCT 9 1944

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 146

1. PLACE OF DEATH: Cassville

(a) County Cass

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

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

(d) Length of stay: In hospital or institution At Home  
(Specify whether)

In this community 10 years  
years, months or days

3. (a) PRINT FULL NAME William Bert F. Temmings

3. (b) If veteran; name war. ✓

3. (c) Social Security No.         

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased March 16 - 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>6</u>	<u>3</u>	hr. min.

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

10. Usual occupation         

11. Industry or business         

MOTHER FATHER

12. Name No record

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

14. Maiden name No record

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

16. (a) Informant Mrs. Maggie Clary

(b) Address Harrisonville Mo.

17. (a) Burial (b) Date theory 9/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christ Cemetery

18. (c) Signature of funeral director Adrian Shop

(b) Address Harrisonville Mo.

19. (a) Sept. 21, 1944 (b) Margaret Hill  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19 19

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

(d) Street No. Southern Hotel  
(If rural, give location)

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

If yes, name country         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19  
year 1944 hour 11:50 minute          M.

21. I hereby certify that I attended the deceased from Sept. 19 1944 to Sept 19 1944

that I last saw him          alive on          19        ;

and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis Duration         

Due to Hypertension

Due to         

Other conditions           
(Include pregnancy within 3 months of death)

Major findings: Of operations 940

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?         

While at work          (Specify type of place) Means of injury         

23. Signature Daved Spang (M. D. or other)         

Address Harrisonville Mo Date signed 9/20/44

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>*not embalmed*</sup> ~~embalmed by me, or by~~ .....

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

Signed *Floyd Atkinson* .....

Licensed Embalmer No. *5920* .....

P. O. Address *Harrisonville 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.**