V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1945

Registration District No. 1499

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12533

Registrar's No. 1913

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2909 Wyandotte,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 44
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 2909 Wyandotte
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Laura M. Temme

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. E. Temme

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

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

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

16. (a) Informant Morris Gershman,
(b) Address 2909 Wyandotte, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year ~~1949~~ 1945 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from april 28, 1945, to april 28, 1945, that I last saw her alive on april 28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy no

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 James C. Walker (M. D. or other)
Address 1424 Profit Bldg Date signed 4-29-45

(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.....

Licensed Embalmer No. 1415

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.