

FILED MAY 3 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1803

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: 3526 Brooklyn
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Years
 In this community 10 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3526 Brooklyn
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Lincoln Temple
 3. (b) If veteran, name war X no
 3. (c) Social Security No. none

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rella C. Temple
 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased March - 8 - 1875
 (Month) (Day) (Year)

8. AGE:
 Years 70 Months 1 Days 13
 If less than one day hr. min.

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

10. Usual occupation Employee Harvey system
Retired 4 Yrs.

11. Industry or business _____
 12. Name Franklin Temple
 13. Birthplace Clara Paul - Penn
 (State or foreign country)
 14. Maiden name Rella C. Temple
 15. Birthplace Penn
 (City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address 3526 Brooklyn K.C. Mo.

17. (a) Removal (b) Date thereof 4-23-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kansas

18. (a) Signature of funeral director J.H. Julien
 (b) Address Olathe Kas.

19. (a) 4-21-45 (b) Seraldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
 year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr - 5 - 1945 to Apr 21 - 1945
 that I last saw him alive on Apr 20 - 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of coronary artery
 Due to _____
 Due to Angina Pectoris

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____
 Of autopsy _____

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) _____
 (a) Means of injury _____

Signature J.H. Julien (M. D. or other)
 Address 3526 Brooklyn Date signed 4-21-45

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

MOTHER FATHER

Duration

30 min

1 Yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

K C M O

YSC

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.....

P. O. Address.....

N. L. Eldridge
39481
Oaache, Kan.

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.