

S. No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32934

State File No. _____

FILED OCT 23 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4180

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:
2109 EAST 58TH STREET 1
(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 10-DAYS

3. (a) PRINT FULL NAME MRS. LULA ISABELLE TEMPLIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DR. OSCAR TEMPLIN

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased OCTOBER 9-1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace FORT SCOTT - KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM P. EAGAN

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

14. Maiden name FLORENCE STALIER

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

16. (a) Informant DR. OSCAR TEMPLIN

(b) Address ALVA, OKLANOMA

17. (a) BURIAL (b) Date thereof OCT-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ALVA, OKLANOMA

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLDG.

19. (a) 10-10-45 (b) M. M. Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLANOMA (b) County WOODS 999

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

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

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10TH
year 1945 hour 6 minute 47 A. M.

21. I hereby certify that I attended the deceased from Oct 9, 1945, to Oct 10, 1945.

that I last saw her alive on Oct 9, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Preliminary clinical acute

Due to Myocardial failure

Due to Ch. Myocarditis & Pericarditis
and Ch. Bronchitis

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

Duration 1846

Major findings: _____

Of operations 938

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? _____ (c) Means of injury _____

23. Signature Paul M. Brayley (M.D. or D.V.M.) _____

Address 1232 Prof. Bldg Date signed 10/10/45

1232 Professional 2019
11-1

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 *Carl Papp*

Licensed Embalmer No. *23458*

P. O. Address *Kansas City*

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.