. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 38709

Registration District No. 327 Primary Registration District No. 307 Registrar's No. 163

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks (Specify whether years, months or days)
In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall, 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 4 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Manda Templeton
3. (b) If veteran, name war #
3. (c) Social Security No. #
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl Templeton
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased April 28, 1912 (Month) (Day) (Year)
8. AGE: Years 33 Months 6 Days 6 If less than one day hr. min.
9. Birthplace Portland (City, town, or county) Oregan (State or foreign country)
10. Usual occupation Housewife
11. Industry or business " "
FATHER 12. Name Frank Barker
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Luella Carter
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Earl Templeton
(b) Address Marshall, Mo. #4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Nebo Cemetery
18. (a) Signature of funeral director J. Leslie Bussey
(b) Address Marshall Mo
19. (a) 11-6-45 (Date received local registrar) (b) Mrs T. B. Westhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th year 1945 hour 7 00 minute A M.
21. I hereby certify that I attended the deceased from Sept 15, 1945, to Nov. 4, 1945; that I last saw her alive on Nov. 4, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	48 hr
Due to: P.O. adhesion	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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:
(c) Accident, suicide, or homicide (specify) no
(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 Ross Kennedy (M. D. or other)
Address Marshall Mo Date signed 11-6-45

125 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 12-11-43
Date Filed

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 Ruby Taylor

Licensed Embalmer No. 3237

P. O. Address Marshall 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.