

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

FILED JUL 10 1946

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution 8 days  
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2608 Charlotte  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Rosa A. TEMPELMAN

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, widowed

6. (b) Name of husband or wife Bernard E. Tempelman 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 17 1863

8. AGE: Years Months Days If less than one day

83	3	11	hr. min.
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9. Birthplace Unknown Germany

10. Usual occupation At home 11. Industry or business At home

12. Name Bernard Ernst 13. Birthplace Unknown Germany

14. Maiden name Unknown 15. Birthplace Unknown Germany

16. (a) Informant Miss Helen Tempelman (b) Address 2608 Charlotte, K.C., Mo.

17. (a) Burial (b) Date thereof 7-1-46 (c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Mellody-McGilley-Ey (b) Address 1800 E. Linwood Blvd.

19. (a) 6-29-46 (b) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1946 hour 9:25 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchitis-pneumonia  
Due to: Fracture Right Femur

Other conditions: 186 a-5  
Major findings: 18  
Of operations: 18

Of autopsy: yes - as above  
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) accident-123  
(b) Date of occurrence 6-20-46  
(c) Where did injury occur? 100 Jackson Ave  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature James C. ... (M. D. or other) Date signed 6-29-46

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**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.....

**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.**