S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

State File No. 23039

FILED AUG 5 1946

Registration District No. 9

Primary Registration District No. 3012

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 312 W. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")

(d) Street No. 312 W. Broadway 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Margaret Mary Templeton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife William E.

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

7. Birth date of deceased Oct 8, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Franklin Swovelan
13. Birthplace Harrisburg, (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Martha Strader
15. Birthplace Ray County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. E. Templeton
(b) Address Excelsior Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri

19. (a) 7/29/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1946 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from April 23rd, 1946, to 7-18-, 1946, that I last saw her alive on 7-18-, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Right cervical lymph glands	5 months
Due to: extending into apex of thorax	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no 52	

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 [signature] (M.D. or other) [signature]

Address 219 Main S. - Ex. Springs Date signed 7/20/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-3-46

NOV 29 1954

OCT 5 1954

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs. M

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.