

No. 2
-1-18-89
X36671

FILED SEP 3 1946

State File No. _____

Registration District No. 297

Primary Registration District No. 4446

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Ray
(b) City or town HAZARD IN MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town mo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM AUSTIN TEMPLETON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGARET MARKHAM 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 11 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 10 If less than one day hr. _____ min. _____

9. Birthplace RAILS Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED R.R. LABORER

11. Industry or business RAILROAD

12. Name ALEXANDER TEMPLETON

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

14. Maiden name MARGARET WELBY

15. Birthplace RAILS Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant WM TEMPLETON

(b) Address 15 E. MO

17. (a) BURIAL (b) Date thereof 8-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazard MO

18. (a) Signature of funeral director W. H. King

(b) Address Hazard MO

19. (a) Aug 21-46 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 2 or 3 days ago, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Obstruction Duration _____
He was dead when I arrived
Had complained for 2 days

Due to with indigestion
died suddenly

Due to Arterio-sclerosis 10 yrs

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:

(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 Marion Brown (M. D. or other) _____

Address Hazard MO Date signed 8/21/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-27-46

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 George McCain

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.