. S. No. 2
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ev. 5-17-39
I X35697

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

36386

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1946

Registration District No. 172

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37567

Primary Registration District No. 5641

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Lafayette (Dover Twn)

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

(c) Name of hospital or institution: (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 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Johanna Tempel

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 22nd (Day) 1864 (Year)

8. AGE: Years 82 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Warren Co. Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Christofer Offel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Caroline Schaeperfranz
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Tempel

(b) Address Higginsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/46. (Month) (Day) (Year)

(c) Place: burial or cremation Evanigilical Cemetery

18. (a) Signature of funeral director [signature]

(b) Address Higginsville.

19. (a) Nov 24-46 (Date received local registrar) (b) Clayton W. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Dec 6, 1945, to Nov 23, 1946 that I last saw her alive on Nov 21, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	8 days.
Due to Arteriosclerosis	many years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83A

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 W. E. Koppenbrink (M. D. or other) MD

Address Higginsville, Mo. Date signed 11/23/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-14-46

UPN 001017

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 Forest Rickhof

Licensed Embalmer No. 4284

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.