S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34816

FILED NOV 5 1947 157

Registration District No.

Primary Registration District No. 3028

Registrar's No. 221

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 923 Orner St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 923 Orner St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE TEMPLE
3. (b) If veteran, name war None
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 George Temple
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 12, 1874
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 11 | 9 | hr. min. |

9. Birthplace Lawrence County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Gasperson
13. Birthplace N. C.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Inman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Thelma Burden
(b) Address Tulsa, Okla.
17. (a) Burial (b) Date thereof 10-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie, Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri
19. (a) 10-22-1947 (b) L. B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th
year 1947 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from Aug 10, 1947, to Oct 20, 1947, that I last saw her alive on Oct 20, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Valvular Heart | |
| Due to Chronic Bright's disease | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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 0
23. Signature R. C. Fisher (M. D. or other)
Address Carthage Mo. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-10-811

## 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. 4731

P. O. Address Carthage, 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.