S. No. 2
M—5-43
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. 7538

FILED MAR 10 1948

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 15

1. PLACE OF DEATH

(a) County Shelby

(b) City or town Clarence
(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
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

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

(d) Street No. ✓ 0
(If rural, give location) 0

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

If yes, name country ✓

3. (a) PRINT FULL NAME WINNIFRED S. TEMPLETON

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 married

6. (b) Name of husband or wife Terry Templeton

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan (Month) 30 (Day) 1918 (Year)

8. AGE: Years 30 Months 0 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Adlai Shores
13. Birthplace Clarence (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Orleta Sapiner
15. Birthplace Clarence (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Adlai Shores

(b) Address Clarence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 16 (Day) 1948 (Year)

(c) Place: burial or cremation Union

18. (a) Signature of funeral director Upper Funeral Sir

(b) Address Clarence Mo

19. (a) Mar 3-48 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1948 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from ....., 1946, to Feb. 13, 1948;
that I last saw her alive on Feb. 13, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Pulmonary Tuberculosis	2 years
Due to Bronchial Pneumonia	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 B
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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature B. L. Edrington (M. D. or other) D.O.

Address Clarence, Mo. Date signed Feb. 27, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3:48:453
MAR 8 1948
Date Filed

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 Louis E. Hopper

Licensed Embalmer No. 4261

P. O. Address Clarence 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.