S. No. 2
M—1/47
y. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9125

FILED APR 6 1948

Registration District No. 156 — Primary Registration District No. 2001 — Registrar's No.

Manthem 49 2 5

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Hours (Specify whether
In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 402 N. Moffet (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John M. Temples
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 Bess L
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 26 (Month) (Day) 1879 (Year)

8. AGE: Years 68 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Macon (City, town, or county) Georgia (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Hudson Temples
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Roundtree
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bess L Temples
(b) Address 402 N Moffet Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address 305 W. 4th Joplin Mo.
19. (a) 3-13-48 (Date received local registrar) (b) Delores Lamphin DR. 125 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11th
year 1948 hour 4 minute a.m.
21. I hereby certify that I attended the deceased from 3/10 1948, to 3/11 1948;
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | 17 hrs |
| Due to Brain injury | 17 hrs |
| Due to Temporo-Parietal fracture | 17 hrs |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 1828 | |
| Of autopsy Massive brain hemorrhage | |

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) Accident
(b) Date of occurrence 3/10/48 12
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
(e) While at work? no (e) Means of injury Fall
23. Signature S A Grantham (M. D. or other) MD
Address Joplin, Mo. Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-3-257

MAY 4 1948

MAY 1 1948

MAY 10 1948

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 Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.**