No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 25 1948

Registration District No. 857

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 16675

Registrar's No. 117

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: McCune-Brooks Hospital (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 3 minutes (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Texas (b) County: Palo Pinto
(c) City or town: Mineral Wells (If outside city or town limits, write "RURAL")
(d) Street No.: 301 S.W. Third (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: EDWIN BAKER TEMPLE
3. (b) If veteran, name war: unknown
3. (c) Social Security No.: 122-03-4711
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: separated
6. (b) Name of husband or wife: Dorothy Temple
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: September (Month) 23 (Day) 1896 (Year)

8. AGE: Years 51 | Months 7 | Days 16 | If less than one day: hr. min.

9. Birthplace: Granville (City, town, or county) New York (State or foreign country)
10. Usual occupation: laundryman
11. Industry or business: unknown

FATHER
12. Name: Ralph Temple
13. Birthplace: Granville (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name: Grace E. Corning
15. Birthplace: Port Ann (City, town, or county) New York (State or foreign country)

16. (a) Informant: Mrs. H. C. Wright
(b) Address: 461 Maple St, Elmira, N. Y.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) MAY 14 48 (Date received local registrar) (b) L. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 8 minute 40 p. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

Did Not Attend.

Immediate cause of death: Internal Hemorrhage — Duration
Due to: Shot 38 Cal - Pistol
Due to: Mr Rabberg - By Policeman
Other conditions (include pregnancy within 3 months of death):
Major findings: Operations: Of autopsy: No

Coroner

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): Homicide
(b) Date of occurrence: 5/9/48
(c) Where did injury occur? (City or town) Carthage (County) Jasper (State) Mo
(d) Did injury occur in or about home, farm, industrial place, in public place? Public Place (Specify type of place)
While at work? (Specify) Means of injury: 38 Cal
23. Signature: H. W. Duckett (M. D. or other) Sheriff
Address: 2114 Joplin Date signed: 5/11/48

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

48-5-391

AUG 20 1948
JUN 21 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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.

S. No. 2B
M—3-45
I-X43880

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. June

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 114

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:

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Edwin B. Temple

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 Sep

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 23 1896
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days If less than one day hr. min.

9. Birthplace (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

MOTHER 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) May 14 1948 (Date received by local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-16675