

REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18685
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
(b) Township Dover Primary Registration District No. 5623 Registered No. 26
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fritz C. Tempel

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hohanna Offel Tempel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

FATHER 13. NAME Herman Tempel

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Minnie Bernschmeier

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Bertha Tempel
(ADDRESS) Higginsville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical 3/21/38
Higginsville, Missouri

19. FUNERAL DIRECTOR (NAME) A. H. Hader
(ADDRESS) Higginsville, Mo.

20. FILED May 19, 1938 Tiffany Webb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1938

22. I HEREBY CERTIFY That I attended deceased from Mar 12 1938 to Mar 19 1938
I last saw him alive on Mar 19 1938 Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Mar 11-38
Hypertensive Cardiovascular Disease
Atherosclerosis

Other contributory causes of importance: 131

Name of operation None Date of none
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) E. H. Hader, M. D.

(Address) Higginsville, Missouri.

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,

Forest Raekhof

With **A. H. Hader**

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. **3637**

P. O. Address **Higginsville, Missou**

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, above space should be left blank.