

Registration District No. 405921

Primary Registration District No. 5597

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg - Rural
(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 _____
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County Johnson
(c) City or town Warrensburg - Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John Franklin Temple
(b) If veteran name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec - day 6
year 1939 hour 10 minute _____ A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Belle Temple
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30 1879
(Month) (Day) (Year)

that I last saw him alive on Sudden, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Rifle shot wound in the head
Due to ill health

8. AGE: Years 60 Months 6 Days 6
If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Jackson Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Dec. 6, 1939
(c) Where did injury occur? Dec. 6, 1939 Johnson Co. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In his home (home)
While at work? _____ (Specify type of place) (e) Means of injury _____

MOTHER FATHER
11. Industry or business _____
12. Name Albert Temple
13. Birthplace Oak Grove Mo
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Corn
15. Birthplace Jackson Co. Mo
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.
23. Signature T. L. Bradley (M. D. or other) Coroner
Address Warrensburg Mo Date signed Dec 6 1939

16. (a) Informant's own signature Mabel Garner
(b) Address Drexel Mo
17. (a) Burial (b) Date thereof Dec. 8 - 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Scott Cem. Near Oak Grove Mo
18. (a) Signature of funeral director Dwweeney - Phillips
(b) Address Warrensburg Mo
19. (a) Dec 7 - 1939 (b) Edna Bentley
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
INDEX CARD RETURNED TO DISTRICT
DATE 12-21-36

IN
MAY 1937
MAY 1937
MAY 1937

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.....

Earl Priest....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl Priest.....

Licensed Embalmer No. 3878.....

P. O. Address Warrensburg, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40042
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township Wagel Hill Primary Registration District No. 3391 Registered No. 123
 (c) City (d) Street No.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Fear & Sons Temple
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Dec 7 1939 Eva Gentry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1939

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

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) A. J. Bradley M. D.
 (Address) Warrensburg, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

