No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43041

FILED JAN 20 1941

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 158

5

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 days (Specify whether
In this community 53 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits write "RURAL")
(d) Street No. 324 So. Benton St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lloyd Robert Templeton
3. (b) If veteran, name war No
3. (c) Social Security No. 491-07-3378
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Doris Cummings Templeton
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Jan (Month) 29 (Day) 1911 (Year)

8. AGE: Years 29 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Fruitland (City, town, or county) Mo (State or foreign country)
10. Usual occupation Waiter
11. Industry or business Restaurant
FATHER
12. Name Walter Templeton
13. Birthplace Fruitland (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Grace Abernathy
15. Birthplace Leemon (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mr. Michael, Record Clerk
(b) Address Missouri State Sanatorium
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec (Month) 16 (Day) 1940 (Year)
(c) Place: burial or cremation Cape Girardeau Mo
18. (a) Signature of funeral director Joseph G Howell
(b) Address Cape Girardeau Mo
19. (a) 12-16-1940 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th year 1940 hour 12.05 minute P M.
21. I hereby certify that I attended the deceased from October 25th, 1940, to Dec 16, 1940 that I last saw him alive on Dec 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary Tuberculosis Abt	8 mos.
Due to: Tuberculous Meningitis	5 days.
Due to: Tuberculous intestine c ulceration	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As listed above

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? 421 (Specify type of place)
While at work? (e) Means of injury
23. Signature James W Crain M D (M. D. or other)
Address Mt Vernon Mo Date signed 12-16-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 141-68
Date Filed JAN 9 1941

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 George B Qu

Licensed Embalmer No. 946

P. O. Address Mt Vernon Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.