

FILED JUL 9 1943
Registration District No. 172

Primary Registration District No. 5289

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Liberty mo R 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Temme

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 5:00 minute 9 P.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lyla Temme 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: Oct 13 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, that I last saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 8 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary Thrombosis Duration _____

9. Birthplace: Harlem New York
(City, town, or county) (State or foreign country)

Due to: Coronary Thrombosis

Due to: Coronary Thrombosis

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ed Temme

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

14. Maiden name Missouri Woods

15. Birthplace Clay Co. Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations: _____

Of autopsy: Coronary Thrombosis

16. (a) Informant Miss Lyla Temme

(b) Address RFD Liberty mo R 2

17. (a) Burial (b) Date thereof: 16/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sharon Lee Home at home on farm

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Coronary Thrombosis

(b) Date of occurrence: June 23rd 1943

(c) Where did injury occur? Wills Rd. Liberty mo. RFD 2
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: Morton F. Home

(b) Address: mo R 2

19. (a) June 24-43 (b) Ruth N. Henry
(Date received local registrar) (Registrar's signature)

While at work: _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: R. W. Prady (M. D. or other) _____
Address: Excelsior Springs mo. Date signed: 6-23-43

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

RECEIVED

District Health Officer No. 5,

District File Number _____

Date Filed 7-8-43

JUL 27 1943

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.....

John S. Morten
Licensed Embalmer No. 4349

P. O. Address..... N. K. C.

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.