

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 17 1943

Registration District No. 64

Primary Registration District No. 5245

Registrar's No. 55

21
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 0

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

1. PLACE OF DEATH:
 (a) County Chariton
 (b) City or town Rural - Keyesville Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community whole life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Chariton
 (c) City or town Rural (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 William Sherman 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 M
 6. (b) Name of husband or wife Willa Temple 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Dec 3 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation merchant

11. Industry or business _____

12. Name Isaac Temple

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

14. Maiden name Ellen Collier

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

16. (a) Informant Willa Temple (b) Address Salisbury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Asbury Cemetery

18. (a) Signature of funeral director Geo B W Lintelman (b) Address Salisbury Mo

19. (a) 12-5-43 (Date received local registrar) (b) R. A. Gehring (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 18 year 1943 hour 3 minute 0 A. M.
 21. I hereby certify that I attended the deceased from Sept 5 1943 to Nov 18 1943
 that I last saw him alive on Nov 17 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic prostatitis
 Due to Chronic prostatitis hypertrophy with obstruction
 Due to 12262
 Other conditions Intestinal obstruction acute (Include pregnancy within 3 months of death)

Major findings: Intestinal obstruction; chronic hypertrophic cystitis; prostate (enlarged)
 Of operation _____
 Of autopsy _____

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 J. L. Adams (M. D. or other) MS
 Address Salisbury Mo Date signed 12-14-43

Duration
2 yrs.
5 yrs.
2 1/2 mos.
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

12-19-42

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 Chas B. Winkelmyer
Licensed Embalmer No. 3842
P. O. Address Salisbury, 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, fact should be so stated above.