. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9720

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 244

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 611 S. Florence (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 611 S. Florence (If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Allen Porter Temple

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Blanche Wyatt Temple

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February (Month) 26, (Day) 1878 (Year)

8. AGE: Years 67 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Professor

11. Industry or business State Teachers College

FATHER
12. Name George West Temple
13. Birthplace Unknown (City, town, or county) Maine (State or foreign country)

MOTHER
14. Maiden name Sally Jane Idlett
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Blanche W. Temple

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 3-23-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, year 1945 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec 14 1943, 19 , to March 21, 1945; that I last saw him alive on March 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma Prostate

Of autopsy 51 h

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Georgia Eboom (M. D. or other)

Address Springfield Mo Date signed 3/23/45

984

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1946

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 Harlow Knable

Licensed Embalmer No. 4065

P. O. Address Springfield 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.