S. No. 2
M—2-43
. 5-17-39
I X35697

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

3716

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4692

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 143

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 5 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

(c) City or town Fairfax 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME Oliver P. Templeton

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Belle Anderson Templeton

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

7. Birth date of deceased December (Month) 25 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
91	1	7	hr. min.

9. Birthplace Linden (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation pharmists

11. Industry or business self

FATHER
12. Name James M. Templeton
13. Birthplace unknown (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Susan White
15. Birthplace unknown (City, town, or county) unknown 0 (State or foreign country)

16. (a) Informant Claude A. Templeton 1

(b) Address Tarkio, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2/2/46 (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio, Mo.

18. (a) Signature of funeral director Keaton Bethle & Bowman

(b) Address St. Joseph, Mo.

19. (a) Feb. 6, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 46 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Dec 29, 1945 to Feb. 2, 1946
that I last saw him alive on Feb. 2, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia -	72 hrs.
Infection kidneys &	5 yrs.
Due to bladder - Stones Rt kidney	
Pyelonephritis Ch. -	2 Mos.
Due to Secondary Anemia	2 Mos.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no 1330

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 H. S. Conrad (M. D. or other) 0

Address St Joseph Mo Date signed 2-2-46

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(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1948

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 [signature]

Licensed Embalmer No. 1710

P. O. Address [illegible]

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.