. No. 2
-12-45
5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19866

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 76

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Missouri (b) County Stoddard 103
(c) City or town Dexter 3
(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 Ruby Elenor Temples
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph V. Temples
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased June (Month) 12 (Day) 1918 (Year)

8. AGE:	Years	Months	Days	If less than one day
	28	11	14	hr. min.

9. Birthplace Bloomfield, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House-wife
11. Industry or business
FATHER
12. Name William Jackson Harper
13. Birthplace Bloomfield, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Florence Elizabeth Robinson
15. Birthplace Stoddard County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Ralph V. Temples
(b) Address Dexter, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery
18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri
19. (a) 5/31-47 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1947 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from 8-14-46, 19__, to 5/26, 1947
that I last saw her alive on 5/26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus - metastases & lungs	9 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 48B	
Of autopsy	

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 [signature] (M. D. or other)
Address 9 E Stoddard Dexter Date signed 5/28/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 12
District File Number 647-840
Date filed 6-11-47

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 J. E. Stuckfort

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.