

FILED MAR 20 1943

Registration District No. _____

Primary Registration District No. ~~4499~~ 5446

Registrar's No. 20

1. PLACE OF DEATH:

(a) County: Pentry - Cooper Twp
(b) City or town: Stansbury
(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: 68-4-10 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pentry
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Four miles south east of Stansbury
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Benjamin Bell Temple

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

4. Sex: Male 5. Color or race: wht 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Artie May Temple 6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: 4 15 1863
(Month) (Day) (Year)

8. AGE: Years: 79 Months: 9 Days: 7 If less than one day: _____ hr. _____ min.

9. Birthplace: Germans County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: stock raising

12. Name: William Temple

13. Birthplace: and Knapp 9
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Klingensmith

15. Birthplace: Pillsburg Penn
(City, town, or county) (State or foreign country)

16. (a) Informant: Artie May Temple

(b) Address: Stansbury Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-24-1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Highridge Stansbury

18. (a) Signature of funeral director: W. Johnson

(b) Address: Stansbury Mo.

19. (a) 2-15-43 (Date received local registrar) (b) John M. Deater (Registrar's signature)
1108 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 22 year: 1943 hour: 10:15 minute: _____ P.M.

21. I hereby certify that I attended the deceased from Jan 22 to Jan 22, 1943
that I last saw him alive on Jan 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to: _____

Due to: _____

Other conditions: 94
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury: 0

23. Signature: W. Johnson (M. D. or other)

Address: Stansbury Mo. Date signed: 1-23-43

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

MOTHER FATHER

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

J. Evan Johnson
working under my personal supervision.

Registered Apprentice No.

Signed *J. Evan Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Stanbury 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.