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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27626

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3260

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Home of Mary K. Sweeney --2319 E. 60th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 wks. 5 days (Specify whether years, months or days)

In this community 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City, Missouri (If outside city or town limits, write "RURAL")

(d) Street No. 6523 Summit (If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME: BERNHARD ADLER 3114

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Emma Ganz Adler

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

7. Birth date of deceased: June (Month) 5th (Day) 1866 (Year)

8. AGE: Years 74 Months 2 Days 10 If less than one day hr. min.

9. Birthplace: Heubach (City, town, or county) GERMANY 6 (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business: Ready-to-wear & Milly.

FATHER
12. Name: Anschel Adler
13. Birthplace: Heubach (City, town, or county) GERMANY 6 (State or foreign country)

MOTHER
14. Maiden name: Sarah Liebstadter
15. Birthplace: Hettenhausen (City, town, or county) GERMANY 6 (State or foreign country)

16. (a) Informant: Mary K. Sweeney
(b) Address: 2319 E. 60th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery,

18. (a) Signature of funeral director: Carroll-Davidson
(b) Address: 3024 Troost.

19. (a) Aug. 18, 1940 (Date received local registrar) (b) M. M. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from June 9 - 1940 to Aug. 15 1940 that I last saw him alive on Aug. 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	5 weeks
Pulmonary Oedema	1 week
Due to Arteriosclerosis generalized	10 yrs
Due to Senility	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: LeRoy Goodman (M. D.) AB
Address: 1103 Grand Date signed 8/17/40

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1944

JUL 27 1944

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 Jack M Lyons, Registered Apprentice No. 221 working under my personal supervision.

Signed Julian K. Davidson

Licensed Embalmer No. 1168

P. O. Address 3024 Trust

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.