

FILED MAY 18 1943

Registration District No. 3

Primary Registration District No. 5020

Registrar's No.

1. PLACE OF DEATH

(a) County Atchison
(b) City or town Rural Buchanan Township
(c) Name of hospital or institution: near Watson Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

In this community 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ADAM J. SCHLOTTHAUER

3. (b) If veteran, name war - 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Propp 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec 6 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Marion Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation G. Army

11. Industry or business ggs himself

12. Name Peter Schlotthauer

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Catherine Schlotthauer

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Paul Winkler

(b) Address Hamburg Iowa

17. (a) Removal (b) Date thereof April 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director Chas C Johnson
(b) Address Hamburg Iowa

19. (a) 4-6-43 (b) J. A. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural - near Watson Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Buchanan Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 12 noon M.

21. I hereby certify that I attended the deceased from Dead when I arrived
at 12:20 PM
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Had had a coronary attack 10 yrs ago

Due to was an invalid for a couple of years

Other conditions (Including pregnancy within 3 months of death) the day he died he was running

Major findings: physician
doctor - became ill with
or operations
angular pain - went to his home
and lay down on couch
and died in a few minutes
(about 20 min)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) gta
(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 gta

23. Signature A. W. Waramo (Date of other) Mo
Address Hamburg, Mo Date signed 4/12/43

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

MOTHER FATHER

1767

1911 - 5 - 24
61 - 12 - 6
41 - 2 - 3

Schlotthauer age.

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Oral E. Johnson
Licensed Embalmer No. 2839
P. O. Address Hamburg Iowa

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.