

Registration District No. 179

Primary Registration District No. 5668

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

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town RURAL (CLARK) TWP.  
(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 years, months or days)

3. (a) PRINT FULL NAME FRANK ADELHARDT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 5. Color or Race WHITE

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

6. (b) Name of husband or wife KATHERINE DAVESSEL

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

7. Birth date of deceased DEC. 5 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>7</u>	<u>11</u>	hr. min.

9. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM.

MOTHER FATHER

12. Name JOHN ADELHARDT

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

14. Maiden name BARBARA UNKNOWN

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

16. (a) Informant GEORGE ADELHARDT (SON)

(b) Address TROY, MO.

17. (a) BURIAL (b) Date thereof JULY 18 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ANDERSON HILL C.E.M.

18. (a) Signature of funeral director Walter Kemmer Funeral Home

(b) Address Rwy. 17th

19. (a) July 18 43 (b) Miss Hyl Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN

(c) City or town RURAL (CLARK TWP)  
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 16  
year 1943 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 1942  
19. to July 16 1943  
that I last saw him alive on July 16 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction  
arteriosclerosis  
Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 922 V

Major findings: Of operations

Of autopsy

Duration

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) (M. D. or other)

23. Signature Joe. C. Brock (M. D. or other)

Address TROY Date signed 7/27/43

**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.....

*Joseph J. Marsh*

Licensed Embalmer No. *3932*

P. O. Address *Froy, 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.**