

No. 2
M-2-43
5-17-39
I X35697

State File No. _____

Registrar's No. 182

FILED JAN 19 1945
JACKSON COUNTY, MISSOURI

Primary Registration District No. 5569

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural (Brookings) near
If outside city or town limits, write "RURAL" and name of township

(c) Name of hospital or institution:
Little Blue Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
In this community 35 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural (Brookings)
(If outside city or town limits, write "RURAL")

(d) Street No. Little Blue Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emil Adler

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1944 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10-25- 1944 to 12-12 1944
that I last saw him alive on 12-12 1944
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Adler

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: Jan 3 1861
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 24 hrs

8. AGE: Years 83 Months 11 Days 8 If less than one day _____ hr. _____ min.

Due to Cardio-Reno-Vascular Disease

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

Due to _____

10. Usual occupation Retired builder

Other conditions 13/10
(Include pregnancy within 3 months of death)

11. Industry or business Stone mason

Major findings: _____

12. Name unknown

Of operations _____

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

Of autopsy _____

14. Maiden name unknown

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

16. (a) Informant Alto Adler

(b) Address Raytown, Mo.

17. (a) Burial (b) Date thereof Dec 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director E. Clark Heger

(b) Address Raytown, Missouri

19. (a) 12/15/44 (b) Mildred Plavon
(Date received loss certificate) (Registrar's signature)

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 _____

23. Signature J. L. Hoffmann (M. D. or other) _____
Address Raytown, Mo. Date signed 12-17-44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *C. Clark Frazier*
Licensed Embalmer No. 3983
P. O. Address Raytown 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.