S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1945

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 20819

Registrar's No. 136

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1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: I Day (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE 69
(c) City or town: RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No.: MONROE CITY R.F.D.I 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: PAUL ADAM
3. (b) If veteran, name war:
3. (c) Social Security No. NONE

4. Sex: MALE 1
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED 2
6. (b) Name of husband or wife: MARY BARBRA
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JUNE (Month) 29 (Day) 1856 (Year)

8. AGE: Years 88 Months 10 Days 15 If less than one day hr. min.

9. Birthplace: WURTZBURG (City, town, or county) GERMANY 11 (State or foreign country)
10. Usual occupation: RETIRED FARMER
11. Industry or business:
FATHER
12. Name: PETER ADAM
13. Birthplace: WURTZBURG (City, town, or county) GERMANY 4 (State or foreign country)
MOTHER
14. Maiden name: DONT KNOW
15. Birthplace: DONT KNOW (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Albert Adam
(b) Address: Monroe City Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation: St Stevens, Monroe Co
18. (a) Signature of funeral director: Jackson & Son
(b) Address: Monroe City Mo
19. (a) 5-16-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14 year 1945 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 6, 1945 to May 14, 1945 that I last saw him alive on May 14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	5 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 930	
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? Means of injury:
23. Signature: (M. D. or Coroner)
Address: Monroe City Mo Date signed: 5/16/45

1394 (Licensed Embalmer's Statement on Reverse Side)

OCT 7 1958

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 By me

, Registered Apprentice No.

working under my personal supervision.

Signed Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.