

FILED JAN 1 1947

State File No. _____

Registration District No. 32

Primary Registration District No. 5115

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Whitewater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sedgewickville 2 mi. West
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Sedgewickville Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adolph Statler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Statler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 15 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Sedgewickville Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER, FATHER { 12. Name A. J. C. Statler
13. Birthplace Sedgewickville D
(City, town, or county) (State or foreign country)
14. Maiden name Hanna Conrad
15. Birthplace Sedgewickville Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Statler

(b) Address Sedgewickville, Mo.

17. (a) Burial (b) Date there Dec 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedgewickville, Mo.

18. (a) Signature of funeral director Ma Combs

(b) Address Jackson, Mo.

19. (a) Dec 26 46 (b) Millie H. Vandenberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1945, to Dec 25 1946,
that I last saw him alive on Dec 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 93%

Of autopsy _____

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? 0 (Specify type of place) (e) Means of injury _____

23. Signature Edwin C. Giles (M. D. or other)

Address Sedgewickville, Mo. Date signed 12/24/46

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

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

RECEIVED

Health Officer No. 5

File Number 147

Date filed 1-6-4

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..... *BA Meyer*.....

Licensed Embalmer No. *3051*

P. O. Address *Jackson Mo*

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

If this body is not embalmed, fact should be so stated above.