

REC'D SEP 7 1939

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

29758

Do not use this space.

## 1. PLACE OF DEATH

(a) County MontgomeryRegistration District No. 593

(b) Township

Primary Registration District No. 1300Registered No. 23(c) City Montgomery City Mo

(d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME John Adlemann(a) Residence, No. Montgomery City MoSt. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Un Known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.75

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc. County Infirmary9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Un Known

FATHER

13. NAME

no14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)no

MOTHER

15. MAIDEN NAME

no16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)no17. INFORMANT  
(ADDRESS)Mrs Chas Brown  
Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Montg City Cem DATE 8/31/3919. FUNERAL DIRECTOR (NAME)  
(ADDRESS)C. W. Hopkins  
Montgomery City Mo

20. FILED

Aug. 31 19 39 Paula Menzies

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30/39 1922. I HEREBY CERTIFY, That I attended deceased from  
6-2-39, 19, to 8-30-39, 19I last saw him alive on 8-21-39, 19. Death is saidto have occurred on the date stated above, at 5:30pm

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease ? yrs  
(Aortic stenosis) ? yrs

Date of onset

Other contributory causes of importance:

Nephritis, chronic interstitial ? yrs  
Arterio-sclerosis (diffused type) ? yrsName of operation no Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. A. Markens(Address) ellaville, Mo.

**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..... on the  
30 th day of August 1939....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1487

P. O. Address Montgomery 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, above space should be left blank.**