

FILED MAY 3 1942

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1563

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
3846 Woodland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3846 Woodland
(If rural, give location)
(e) Citizen of foreign country? Yes or No
If yes, name country.....

3. (a) PRINT FULL NAME John B Adelman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Catherine Adelman 6. (c) Age of husband or wife if alive. 39 years

7. Birth date of deceased. Nov 10 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Bakery owner

11. Industry or business

MOTHER FATHER { 12. Name Louis Adelman
13. Birthplace Germany
14. Maiden name Barbara Schilfer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine Adelman

(b) Address 3846 Woodland

17. (a) Removal (b) Date thereof 4/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tracy Minnesota

18. (a) Signature of funeral director. Tracy & Robin Co

(b) Address 20 West Linwood

19. (a) 4-21-42 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day April
year 1942 hour 10:00 minute P

21. I hereby certify that I attended the deceased from March 20th 1942
to April 20th 1942
that I last saw him alive on April 20th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to unknown
also myocardial with pulmonary oedema.

Other conditions ✓ 12.15
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations.....
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?.....
(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 D

23. Signature B. M. Pierson (M. D. or other)
Address 917 Grand ave. Date signed 4/21/42

MAY 8 1942

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 *Harold Remy*.....

Licensed Embalmer No. *4097*.....

P. O. Address.....

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.