

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9561

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1000

344

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME Henry Adolph

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

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

6. (b) Name of husband or wife Delia Adolph 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 24 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Near Oregon, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

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

16. (a) Informant Mrs. Delia Adolph
(b) Address Oregon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22, 1943
(Month) (Day) (Year)

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

18. (a) Signature of funeral director James H. Pottigohr

(b) Address Oregon, Mo.

19. (a) 3-26-43 (b) Rose Heigoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon-- Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 8 to Mar 19, 1943
that I last saw him alive on Mar 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Unilateral PT

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature T. P. Howard (M. D. or other) NO
Address 620 Holmes St Date signed 3-24-43

(Licensed Embalmer's Statement on Reverse Side)

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

1233

NOV 9 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

James H. Pittsford
Licensed Embalmer No. *3892*

P. O. Address

Orion 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.