

FILED APR 21 1950 STANDARD CERTIFICATE OF DEATH

State File No. **12809**
1631

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>64 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>2127 HOLLY STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2127 HOLLY STREET</u>				d. STREET ADDRESS (If rural, give location) <u>2127 HOLLY STREET</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LOUIS</u>		b. (Middle) <u>JONAS</u>		c. (Last) <u>ADLER</u>	
4. DATE OF DEATH		(Month) <u>APR</u>		(Day) <u>5</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 18 1885</u>	
9. AGE (In years last birthday) <u>64 YEARS</u>		10. USUAL OCCUPATION (Give kind of work done during most of last year) <u>ARTIST - RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCENIC EQUIPMENT</u>		11. BIRTHPLACE (State or foreign country) <u>TOPEKA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALBERT ADLER</u>		13b. MOTHER'S MAIDEN NAME <u>TENA</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. NELLIE M. ADLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-07-3825</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NELLIE M. ADLER</u>		ADDRESS <u>2127 HOLLY ST. KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis &</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>Myocardial Infarction</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Coronary Atherosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>44</u> , to <u>April 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 30</u> , 19 <u>50</u> , and that death occurred at <u>10:00 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph E. Welker</u> (Degree or title) <u>H.D.</u>				23b. ADDRESS <u>836 Prof Bldg. K.C. Mo</u>		23c. DATE SIGNED <u>4/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 8 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-7-50</u>		REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newman's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.

Student Embalmer

Licensed Embalmer No. 4797

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.