

FILED JUL 6 - 1953

STANDARD CERTIFICATE OF DEATH

21111 State File No. \_\_\_\_\_

2260

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

|   |                               |   |  |   |  |   |  |  |
|---|-------------------------------|---|--|---|--|---|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>80</u>  |  | PRIMARY REG. DIST. NO. <u>5307</u>  |  | Registrar's No. <u>13</u>   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY <u>Cole</u> |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Russellville, Mo-Rural</u>   |                               | c. LENGTH OF STAY (In this place)<br><u>0</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Russellville, Mo-Rural</u>                         |  |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                               |   |  | d. STREET ADDRESS (If rural, give location)<br><u>0260</u>  |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Adam</u><br>b. (Middle) _____<br>c. (Last) <u>Jahreis</u>   |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>6-27-53</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<br><u>July 9 1873</u>                     |   | 9. AGE (In years last birthday) <u>79</u>                                    | IF UNDER 1 YEAR<br>Months <u>11</u> Days <u>18</u>                      | IF UNDER 24 HRS.<br>Hours <u>18</u> Min. _____                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farmer</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Bavaria, Germany</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S.</u>                            |  |  |
| 13a. FATHER'S NAME<br><u>Johann Jahreis</u>   |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Christiana Schlegel</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Rosena Jahreis</u>  |  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> <u>no</u>  |                               | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Albert Ott, Russellville, Mo</u>  |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.       |                               | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Frontal Fracture</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall from Hay mow</u><br>DUE TO (c) _____<br><br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</u>                       |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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)<br><u>0260</u>  |  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                               | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <u>at home</u> , from the causes and on the date stated above. |                               |   |  |   |  |   |  |  |
| 23a. SIGNATURE<br><u>C. M. Ehrhart 2 D.O.</u>   |                               |   |  | 23b. ADDRESS<br><u>Russellville Mo</u>  |  | 23c. DATE SIGNED<br><u>6/29/53</u>                                      |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                               | 24b. DATE<br><u>6-30-53</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Trinity Ev. Lutheran</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Russellville Mo</u> |  |  |
| DATE REC'D BY LOCAL REG.<br><u>June 30</u>  |                               | REGISTRAR'S SIGNATURE<br><u>Mrs. Minnie Hittman</u>   |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>W. Schuchert Russellville</u> |   |  |  |

JUL 20 1953

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Nugent K. Schuler*

Licensed Embalmer No. 2870

P. O. Address Russellville

*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.