

National Office of Vital Statistics
FILED JUL 15 1948

Registration District No. 37

Primary Registration District No. 3023

Registrar's No. 147

1. PLACE OF DEATH:

(a) County HENRY
 (b) City or town CLINTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Clinton General
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 MO
 (Specify whether years, months or days) 6 MO 50 yrs

3. (a) PRINT FULL NAME

Bernhard Adler
 3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased 6 22 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

93 0 14 hr. min.

9. Birthplace Kinheim, Bladwin, Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business

12. Name not known 913. Birthplace not known 9
(City, town, or county) (State or foreign country)14. Maiden name not known 915. Birthplace not known 9
(City, town, or county) (State or foreign country)16. (a) Informant Regina A. Wampler(b) Address Clinton, Mo.17. (a) removed (b) Date thereof 7-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Meridian Cem.18. (a) Signature of funeral director Sickman-Dunning(b) Address Clinton, Mo.19. (a) 7-6-48 (b) R. B. Kenney
(Date received local registrar) (Registrar's signature) 11-10

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HENRY 42
 (c) City or town CLINTON 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 211 3rd St 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6TH
 year 1948 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from 1 JAN. 1948
 to 6 JULY 1948
 that I last saw h. i. m. alive on 5 JULY 1948
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death ACUTE CARDIAC FAILURE

Due to MYOCARDITIS

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings: NONE 28
Of operations 0Of autopsy NONE

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 9023. Signature Hugh B. Walker, M. D. MDAddress CLINTON, MO. Date signed 6 JULY 1948

RECEIVED

District Health Officer No

District File Number 80

Date Filed 2-14-48

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

J. A. Housey

Licensed Embalmer No. 3205

P. O. Address Calhoun Ave

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.