

FILED NOV 30 1955  
Registration District No. 4

Primary Registration District No. 3046

State File No. \_\_\_\_\_  
Registrar's No. 72

**PLACE OF DEATH:**  
County Moniteau Co  
City or town California, Mo Walker  
(If outside city or town limits, write "RURAL" and name of township.)  
Name of hospital or institution:  
Home- 103 East Third St.  
(If not in hospital or institution, write street number or location)  
Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
(years, months or days)

(a) PRINT NAME Herman Christian Rohrbach  
(b) If veteran, name war No  
3. (c) Social Security No. 495-36-1872

5. Color or race White  
Sex Male  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Maud Rohrbach  
6. (c) Age of husband or wife if alive 81 years  
Birth date of deceased Jan 10 1872  
(Month) (Day) (Year)

AGE: Years Months Days If less than one day  
83 10 8 hr. min.

Birthplace Moniteau Missouri  
(City, town, or county) (State or foreign country)

Usual occupation Retired Janitor

Industry or business Court House Moniteau Co

12. Name Fred Rohrbach

13. Birthplace Moniteau Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Margrett Wolfrum

15. Birthplace Cole Missouri  
(City, town, or county) (State or foreign country)

(a) Informant Mrs. Herman Messerli

(b) Address California mo

(a) Burial (b) Date thereof 11/20/55  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rohrbach Cemetery

(a) Signature of funeral director Earl Bonlin

(b) Address California mo

(a) (Date received local registrar) (b) White G. Bridges  
(Registrar or Director)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Moniteau  
(c) City or town California, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 103 East Third St.  
(If rural, give location) 06 1/2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov, day 18  
year 1955 hour 8:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Nov 15 55  
to Nov 18 55  
that I last saw him alive on Nov 17  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia  
Duration 3 days

Due to \_\_\_\_\_

Due to 492X

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 site of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. G. Bonlin (M.D. or other) D.O.

Address California Date signed 11/19/55

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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**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 Earl Bonlin

Licensed Embalmer No. 2126

P. O. Address Californi

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c  
the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**