

No. 2
-1/47
5-17-39

38982

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1947
Registration District No. 224

Primary Registration District No. 5996

Registrar's No. 71

8

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

1. PLACE OF DEATH:

(a) County... Moniteau

(b) City or town... Walker township Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... Northwest of California, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Moniteau

(c) City or town... rural
(If outside city or town limits, write "RURAL")

(d) Street No... North of California
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY ROHRBACH

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1947 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 1
1947 to Nov 20 1947
that I last saw her alive on Nov 19 1947
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced... married

6. (b) Name of husband or wife... Alfred Rohrbach

6. (c) Age of husband or wife if alive... 71 years

7. Birth date of deceased... Oct 30 1877
(Month) (Day) (Year)

Immediate cause of death... Carcinoma of the stomach

Due to.....

Due to.....

Other conditions... (Include pregnancy within 3 months of death) None

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>		<u>20</u>	hr. min.

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

10. Usual occupation... housewife

11. Industry or business.....

12. Name... Heronimus Schenthal

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

14. Maiden name... Elizabeth Buhlman

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

16. (a) Informant... Alfred Rohrbach

(b) Address... California, Mo.

17. (a) rural (b) Date thereof... 11-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Rohrbach Cemetery

18. (a) Signature of funeral director... A. E. Wilson

(b) Address... California Mo.

19. (a) 11-21-47 (b) A. R. Polasey
(Date received local registrar) (Registrar's signature)

Major findings: Suspicious On of Stomach to metastases!

Of autopsy.....

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? (c) Means of injury.....

23. Signature... Edgar A. Kibbe (M. D. or other)
Address... California Date signed 11/21/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-9-47

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.