

MAILED JUL 15 1940

STANDARD CERTIFICATE OF DEATH

21080

Registration District No. 26

Primary Registration District No. 3002

State File No. _____

Registrar's No. 98

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

1. PLACE OF DEATH:

(a) County Anderson
 (b) City or town Mexico mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Anderson Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 weeks
(Specify whether
 In this community 9 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
 (c) City or town Wellsville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Frederick William Rohrbach

8. (b) If veteran, name war No 8. (c) Social Security No. 492-05-7274

20. DATE OF DEATH: Month June day 19
 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 13, 1940 to 6-19, 1940
 that I last saw him alive on 6-19-40, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Grace W Rohrbach 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Dec. 31 1876
(Month) (Day) (Year)

Immediate cause of death _____

Due to Toxemia

Due to Carcinoma of bladder & prostate

Due to ulceration of bladder into rectum

Other conditions of prostatic ure
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of bladder

Of operations: Prostatectomy

Of autopsy: no

8. AGE: Years 63 Months 5 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Meat Cutter

11. Industry or business same

12. Name Frederick Rohrbach

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

14. Maiden name Magdalena Swengmueller

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

16. (a) Informant's own signature Rolla J. Sanders

(b) Address Wellsville, mo

17. (a) Removal & Burial (b) Date thereof 6-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville mo Burial

18. (a) Signature of funeral director R J Sanders

(b) Address Wellsville mo

19. (a) June 21 1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

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? 3

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Paul E Coy (M. D. Mo)
 Address Wellsville mo Date signed 6-19-40

Duration

6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

15

RECEIVED

District Health Officer No. 10

District File Number 7-40-1384

Date Filed JUL 10 1940

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 E. B. Mills

Licensed Embalmer No. 1588

P. O. Address Yellville, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21080
Registrar's No. 78

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 26

Primary Registration District No. 3002

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

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Frederick William Rohrbach
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. CERTIFICATION
20. DATE OF DEATH: Month June day 19
year 1946 hour _____ minute _____ M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased: (Month) (Day) (Year)
8. AGE: Years 63 Months 5 Days 19 If less than one day _____ hr. _____ min.

Major findings: Carcinoma of bladder + prostate
Due to ulceration of bladder
Due to prostatic primary seat
Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace: (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____
15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

Major findings: Cancer of bladder
Of operation: hard fibrous prostate
Of autopsy: carcinomatous
Duration: 14 months
Accuracy in time: yes
8-26-46

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 type of place) (e) Means of injury _____
23. Signature Paul E. Carl (M. D. or other) _____
Address Mexico, Mo Date signed _____

SUPPLEMENTARY

