

REC'D SEP 19 1940

Registration District No. 378

Primary Registration District No. 5532-S

Registrar's No. 55

15

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

1. PLACE OF DEATH:

(a) County Howard, Mo.  
(b) City or town Rural, 5 mi. N. of  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: g. Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
In this community several years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Rocheport, Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? ✓ years.

3. (a) PRINT FULL NAME Jacob Lloyd Rohr, 600

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 12-23-1855  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 15 If less than one day 9 P.M. hr. min.

9. Birthplace Milwaukee Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Publisher

11. Industry or business publishing

12. Name Jacob Rohr

13. Birthplace Rochester N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Rorig

15. Birthplace Rochester N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Ma Meyer

(b) Address Rocheport, Mo.

17. (a) removal (b) Date thereof 5-11-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milwaukee Wis

18. (a) Signature of funeral director Parkers (W.V.W.)

(b) Address Columbia, Mo

19. (a) August 21, 40 (b) J.C. Richards  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8<sup>th</sup>  
year 1940 hour 9 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to May, 8<sup>th</sup>, 1940  
that I last saw him alive on May, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arteriosclerosis

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

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

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? CAF  
While at work? \_\_\_\_\_ (Specify type of place)

23. Signature A. E. Buegell (M. D. or other) ✓

Address Rocheport, Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8  
District File Number: ~~0110-077~~ 9-9-70  
Date Filed

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed M. W. Whitfield

Licensed Embalmer No. 3893

P. O. Address Calumet 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.**