

REGISTERED DISTRICT NO. FILED JUL 18 1944

Primary Registration District No. 1002

Registrar's No. 2766

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2810 Prospect
(If not in hospital or institution, write street number or location) |
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 56 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **4829**
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2810 Prospect
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arbell Rohrbach

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank C. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November, 17, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 16 hr. _____ min.

9. Birthplace Clarinda Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Moses Thompson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Dacey Ann Davidson
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Boner
(b) Address 2810 Prospect

17. (a) removal (b) Date thereof 7/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial, cremation, or removal Highland Park Kansas City, Kansas

18. (a) Signature of funeral director W. H. Long
(b) Address Kansas City, Kansas

19. (a) 7-3-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 17 1944 to July 3 1944
that I last saw him alive on July 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Decomposition ?

Due to Chr. Interstitial Nephritis ?

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration
? ?
PHYSICIAN
Underline the cause to 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, or in public place? _____

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

23. Signature N. E. Brown (M. D. or other) _____
Address 2603 E. 31st Date signed July 3 1944

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

2603E 31

JUL 18 1944

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 Char. W. Rider
Licensed Embalmer No. 3404
P. O. Address 703 N. 10th St.

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

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