

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36871

FILED NOV 13 1944/9  
Registration District No. **1002**

Primary Registration District No. **1002**

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

**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:  
**ST MARYS**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **18 Da 0**  
(Specify whether)

In this community **37 YEARS**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **KANSAS** (b) County **WYANDOTTE 999**  
(c) City or town **KANSAS CITY 14**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2232 RICHMOND**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **2**

**3. (a) PRINT FULL NAME** **WILLIAM ROHRBACH**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **702-09-0837**

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **October** day **21**  
year **1944** hour **3** minute **45 P.M.**  
21. I hereby certify that I attended the deceased from **October 3**  
**1944** to **October 21**, 1944;  
that I last saw him alive on **October 21**, 1944  
and that death occurred on the date and hour stated above.

4. Sex **MALE 0** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **FRANCES**  
6. (c) Age of husband or wife if alive **59** years  
7. Birth date of deceased **FEB 10 1886**  
(Month) (Day) (Year)

Immediate cause of death **Acute Pulmonary Edema**  
**Left Sided Heart Failure**  
Due to **Chronic Actinomycosis**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Or autopsy **Same as "Immediate cause of death". Add: Left Atelectasis**

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>	<b>8</b>	<b>11</b>	hr. min.

9. Birthplace **HOMEBROOK PENNA. 1**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **GEN. FOREMAN**

11. Industry or business **AMERICAN REEFIG. & TRANS. CO**  
12. Name **JACOB ROHRBACH**  
13. Birthplace **GERMANY 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace **UNKNOWN 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Rohrbach 1**  
(b) Address **2232 RICHMOND, K. CK KANSAS**  
17. (a) **REMOVAL** (b) Date thereof **10-24-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **MEMORIAL PK. K C K.**

18. (a) Signature of funeral director **Pa Subon**  
(b) Address **KANSAS CITY KANSAS**  
19. (a) **Oct 27, 1944** (b) **J. E. Brown**  
(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 **5**  
23. Signature **J. E. Castle** (M. D. ~~\_\_\_\_\_~~)  
Address **11002 Argyle & Bely** Date signed **10-27-44**

Duration  
**2 Wks.**  
**18 Yrs.**  
**4/3:1**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**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.....

*R. A. Fulton*

Licensed Embalmer No. 3503

P. O. Address No. 1600

**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.**