No. 2
-5-43
-17-39
X36671

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

PARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4919

Registration District No. 65 Primary Registration District No. 4114 Registrar's No.

1. PLACE OF DEATH: Chariton
(a) County
(b) City or town Mendon Mo.
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton 21
(c) City or town Rural 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Essie Rohwedder
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Hans Rohwedder
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept. 29th 1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Indian Grove Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Thomas Tully
13. Birthplace Melburn Australia (City, town, or county) 8 (State or foreign country)
14. Maiden name Mary Clavin
15. Birthplace Brunswick Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Hans Rohwedder
(b) Address Mendon Mo.
17. (a) Burial Cem. (Burial, cremation, or removal) (b) Date thereof 2/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation German Cem.
18. (a) Signature of funeral director R. L. Leopard
(b) Address Mendon MO
19. (a) Feb 5/46 (Date received local registrar) (b) Mildred Bowne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 2nd year 1946 hour 7 minute p.M.
21. I hereby certify that I attended the deceased from Feb. 10 1945 to Feb. 2 1946 that I last saw h. alive on Feb. 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure — Duration: Terminal
Due to Primary Carcinoma of uterus. — Duration: 2 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death) 46
Major findings:
Of operations
Of autopsy

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, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. P. Fowler (M.D. or other) M.D.
Address Brunswick, Mo Date signed 2/4/46

56 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-8-46

APR 30 1952

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 S. L. Lippard

Licensed Embalmer No. 3970

P. O. Address Meadow 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.

No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 65 Primary Registration District No. 4114 Registrar's No.

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Mendon
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Essie Rohwedder
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 29 (Day) 1884 (Year)
8. AGE: Years 61 Months 4 Days 4 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

3938 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4919