

Registration District No. **492 100**

Primary Registration District No. **576-2-4280**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **LINCOLN**

(b) City or town **FOLEY**
(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) **YEARS**

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LINCOLN**

(c) City or town **FOLEY**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SUSAN LUCY ROHLAND**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **19**
year **1946** hour **7** minute **45 p.m.**

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.

4. Sex **FEMALE** 5. Color or race **W**

6. (a) Single widowed, married, divorced _____

6. (b) Name of husband or wife **FRED W. ROHLAND** 6. (c) Age of husband or wife if alive **DECEASED** years

7. Birth date of deceased **August 13, 1866**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis** Duration _____

8. AGE: Years **80** Months **4** Days **6** If less than one day _____ hr. _____ min.

Due to **Arterio Sclerosis**
Death was sudden without medical attention in County Health office
Due to **attention in County Health office**
I investigated this death & from history & family pointed to above cause

Other conditions **of familiar pointed to above cause**
(Include pregnancy within 3 months of death)
No evidence of suspicious circumstances

9. Birthplace **LINCOLN Co. Mo. 0**
(City, town, or county) (State or foreign country)

Major findings: **arteriosclerosis of cause of death**

Of operations _____

Of autopsy **QUA**

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

10. Usual occupation **house keeping**

11. Industry or business **self**

12. Name **NATHANIEL BRIMM**

13. Birthplace **N. CAROLINA**
(City, town, or county) (State or foreign country)

14. Maiden name **LOUISE COCKE**

15. Birthplace **TENNESSEE**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. HERB SANDERS**

(b) Address **FOLEY, Mo.**

17. (a) **BURIAL** (b) Date thereof **12-22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CORINTH - FOLEY, Mo.**

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 **N**

18. (a) Signature of funeral director **Winfred**

(b) Address **WINFIELD, Mo.**

19. (a) **12-22-46** (b) **J.C. Neumann**
(Date received local registrar) (Registrar's signature)

23. Signature **J. B. Hoeg** (M. D. or other) **MD**

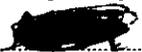
Address **Whiteville Mo.** Date signed **12/19/46**

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

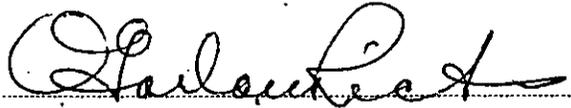
40637

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.....



Licensed Embalmer No. 4012

P. O. Address Winfield 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.