

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9307

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>5810</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>		c. LENGTH OF STAY (in this place) <u>76-11-1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>		Loute TP 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Louisa P.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Henry</u> c. (Last) <u>Rohning.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 2nd, 1872</u>	9. AGE (In years at birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Rohning.</u>			13b. MOTHER'S MAIDEN NAME <u>Rickey Stiegmann.</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Hart</u> ADDRESS <u>McKittrick, Mo. Rural</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ed of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>luminal wounds</u> DUE TO (c) <u>fractured</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ix</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mon.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1949, to <u>Apr. 3</u> , 1949, that I last saw the deceased alive on <u>Apr 2</u> , 1949, and that death occurred at <u>3:05 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John B. Ryan M.D.</u>				23b. ADDRESS <u>Herman Mo.</u>		23c. DATE SIGNED <u>Apr 4, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 3 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Evangelical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Big Spring, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 4 - 1949</u>		REGISTRAR'S SIGNATURE <u>Miss Nana Lee Thompson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phyllis Baker - Americus, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 4870
0
0

Date Filed _____
District No. _____
APR 13 1949
Dietrich Health Center No. 9,
M.E.C.

JUN 6 1949

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 _____

D. B. Baker,

Student Embalmer No. _____

working under my personal supervision.

Signed D. B. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.