

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40267**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **5443** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Roark Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Roark Twp</b>	
c. LENGTH OF STAY (in this place) <b>35 yrs</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1/8 mi. S. of Hermann</b>		d. STREET ADDRESS (If rural, give location) <b>1/8 mi. S. of Hermann</b>	

3. NAME OF DECEASED (Type or Print) <b>GEORGE JOHN ROHLFING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 13 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan-9-1869</b>		9. AGE (In years last birthday) <b>80</b>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpentering</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>		11. BIRTHPLACE (State or foreign country) <b>Senate Grove, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>					

13a. FATHER'S NAME <b>Louis Rohlfing</b>		13b. MOTHER'S MAIDEN NAME <b>Unkown</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Rohlfing</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Rohlfing, Hermann, Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH          <b>321X</b>	
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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) (Min.)		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 Nov. 10, 1947, to Nov. 10, 1949, that I last saw the deceased alive on Nov. 10, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>John Bryan D. MD</b> (Degree or title)		23b. ADDRESS <b>Hermann Mo</b>		23c. DATE SIGNED <b>12/13/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-15-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Senate Grove Methodist</b>	
24d. LOCATION (City, town, or county) (State) <b>New Haven, RFD, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hugos H. Plummer Hermann, Mo</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>12/15/49</b>		1025			

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

RECEIVED  
JAN 4 1950  
District Health Officer  
No. 9  
District File Number

MAY 29 1957

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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Wesley H. Plummer*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.