

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 66

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Warrensburg

c. LENGTH OF STAY (In this place) 33 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Johnson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg

d. STREET ADDRESS (If rural, give location) 215 East Culton Street

3. NAME OF DECEASED

a. (First) Albert William b. (Middle) Rodenberg c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) June 16 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 11 1891 9. AGE (In years last birthday) 63 # UNDER 1 YEAR Months 0 # UNDER 12 HRS. Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterans Service Officer, State 10b. KIND OF BUSINESS OR INDUSTRY Assistant 11. BIRTHPLACE (State or foreign country) Napoleon Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Wm. Henry Rodenberg 13b. MOTHER'S MAIDEN NAME Mary E. Korn 14. NAME OF HUSBAND OR WIFE Fannie Rodenberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I 16. SOCIAL SECURITY NO. 499-07-8166 17. INFORMANT'S SIGNATURE OR NAME Fannie Rodenberg ADDRESS 215 E. Culton St

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) Warrensburg, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 11, 1954, to June 16, 1954, that I last saw the deceased alive on June 16, 1954, and that death occurred at 7:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. M. D. Sweeney 23b. ADDRESS Warrensburg, Mo 23c. DATE SIGNED June 17 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-19-54 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill 24d. LOCATION (City, town, or county) (State) Warrensburg Mo

DATE REC'D BY LOCAL REG. June 17, 1954 REGISTRAR'S SIGNATURE Savanah Phillips 25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips ADDRESS Warrensburg, Mo.

RECEIVED
JUN 21 1954
REGISTERED

JOHNSON COUNTY HEALTH DEPT.

APR 15 1955

JUN 30 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed R. A. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg

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.