FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38213
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4956

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) LAKESIDE — Length of stay in 1b 4½ days

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE KANSAS b. COUNTY Wyandotte
c. CITY OR TOWN KANSAS CITY 8150 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1846 QUENDARO — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First John Middle FERDINAND Last ROHNING
4. DATE OF DEATH Month NOV. Day 16, Year 1956
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH APRIL 5, 1876
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RETIRED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) VERSAILLES, MO.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CHARLES C. ROHNING
14. MOTHER'S MAIDEN NAME ANNA COLE GERMANY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT ALBERT ROHNING Address 114 So. ELMWOOD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) — 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 12-56 to Nov 16-56 and last saw her/him alive on Nov 16-56
Death occurred at ~~Nov 16~~ 9:00 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A.J. Milazzo (Degree or title) A. J. Milazzo DO
22b. ADDRESS 1811 Quindaro
22c. DATE SIGNED Nov 16-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV 17, 1956
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 TROOST
25. DATE RECD. BY LOCAL REG. 11-16-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.