

FILED AUG 7 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 65

Primary Registration District No. 5250

Registrar's No.

1. PLACE OF DEATH:
 (a) County Chariton
 (b) City or town Brunswick "Rural" (Census route)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Chariton 21
 (c) City or town Brunswick "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME MARX MARVIN ROHWEDDER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. SINGLE

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 2nd, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>23</u>	hr. min.

9. Birthplace Brunswick Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Jergen Rohwedder

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Gleasen
Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Hans Rohwedder

(b) Address Mendon, Missouri

17. (a) Burial (b) Date thereof 6--27-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Missouri

18. (a) Signature of funeral director L. W. Keenell
(b) Address Brunswick, Missouri

19. (a) 6-27-45 (b) G. J. Treng
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th.
year 1945 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Nov 7
1944 to June 25 1945
that I last saw him alive on June 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure (Terminal)
Duration

Due to Carcinoma of prostate 1yr.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN

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.....

23. Signature H. B. Fowler (M.D. or other)
Address Brunswick, MO Date signed 6/25/45

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

21
0
0

0022

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-6-75

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 L. Weisel

Licensed Embalmer No. 923

P. O. Address Brunswick 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.