

**FILED APR 10 1946** STANDARD CERTIFICATE OF DEATH

8606

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 361

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2131 St. Joseph Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Not  
(Specify whether)  
 In this community 44 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2131 St. Joseph Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Rothlisberger

3. (b) If veteran, name war No 3. (c) Social Security None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida M. Rothlisberger 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 27 1878  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bern Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Fruit Company

MOTHER FATHER

12. Name Frederick Rothlisberger

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

14. Maiden name Elizabeth Unknown

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

16. (a) Informant Ida M. Rothlisberger  
 (b) Address 2131 St. Joseph Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3/14/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Farnon, St. Joseph, Missouri

19. (a) Mar. 30, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th.  
 year 1946 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from March 11, 1946 to March 11, 1946  
 that I last saw him alive on March 11, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to hypertension and arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 Leroy Beck M.D. (M. D. or other) \_\_\_\_\_  
 Address King Hill, Mo. Date signed 3/24/46

Duration

4 hours

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PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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..... *Albert C. Harrington* .....  
Licensed Embalmer No..... *3 258 Missouri* .....  
P. O. Address..... *St. Joseph, Missouri.* .....

**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.**