

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED FEB 4 1947

Register District No. \_\_\_\_\_

Primary Registration District No. 3020

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours  
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Casscade 37

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 12 miles S.E. Of Hermann, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carl Frederick Rohlfing

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) ~~Single~~, married XXXXX married

6. (b) Name of husband or wife Anna Bohlring

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 21 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>7</u>	hr. min.

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

10. Usual occupation Day Work

11. Industry or business Day Laborer

12. Name Christian Rohlfing

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

14. Maiden name Lbaise Barner

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

16. (a) Informant Mrs. Carl F. Rohlfing

(b) Address Hermann, Mo. R.F.D.

17. (a) Burial (b) Date thereof 2/1/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonyhill, Mo.

18. (a) Signature of funeral director Paul Blumer

(b) Address Berger, Missouri

19. (a) 1-29-47 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th  
year 1947 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 24  
47 to Jan 28 1947  
that I last saw him alive on Jan 28, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Permyocarditis

Due to Coronary Occlusion

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

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

Major findings: AKA

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)

(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other)  
Address Washington Mo Date signed 2-1-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

36  
6  
2

MOTHER, FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed FEB 2 1947

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,           
        , Registered Apprentice No.         ,  
working under my personal supervision.

Signed Herman Blumer  
Licensed Embalmer No. 528  
P. O. Address Berger, 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.