7. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 187

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9342

Primary Registration District No. 3640

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(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 years, months or days)

In this community 3 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb

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

(d) Street No. 1101 Cooper 59
(If rural, give location) 1

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country 0

3. (a) PRINT FULL NAME Ernest Rudolph Rochat

3. (b) If veteran, name war 2

3. (c) Social Security No. 2

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of ~~husband or~~ wife Stella Mary Rochat

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

7. Birth date of deceased Nov (Month) 13 (Day) 1855 (Year)

8. AGE: Years 92 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name William Rochat

13. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Goodman

(b) Address Brookfield Mo 1015 N. Maine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem

18. (a) Signature of funeral director E Burkett

(b) Address Chillicothe Mo.

19. (a) March 23 1948 (Date received local registrar) (b) Frances B. Neill (Registrar's signature) 19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 48 hour 3 30 minute P M.

21. I hereby certify that I attended the deceased from March to 19; that I last saw him alive on Did not see him alive; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	10 Min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	3 Yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Ralph Conrad (M. D. or other) M.D.

Address Chillicothe Mo Date signed Mar 23-48

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.