S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16730

FILED JUN 12 1948

Registration District No. 106

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. Moana Apts. #3 (If rural, give location) 5 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Walker Rohm
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Fern Rohm
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased October (Month) 17 (Day) 1888 (Year)

8. AGE: Years 60 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Cafe Operator
11. Industry or business

FATHER
12. Name Geo. Washington Rohm
13. Birthplace (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Mary Jane Totter
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Fern Rohm
(b) Address Moana Apt. Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery, Carthage Mo.
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri
19. (a) 5-22-48 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature) 12X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1948 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from May 20, 1948, 19, to May 20, 1948 19; that I last saw him alive on May 20, 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac and respiratory failure	
Due to: Cerebral hemorrhage	8AM
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13
Of autopsy 8

PHYSICIAN
Underline the cause of 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 2
23. Signature D. A. Hintle (other) DO
Address 521 W 4th, Joplin, Mo Date signed 5/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-465

JUN 1 8 1946

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 Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.