

S. No. 2  
M-1-4-41  
v. 5-17-39  
P-1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29063

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

FILED SEP 17 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 207

1. PLACE OF DEATH

(a) County CALLAWAY  
(b) City or town FULTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
513 GRAND AVE. 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 \_\_\_\_\_ Life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME WILLARD F. ROHN

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 MARRIED  
6. (b) Name of husband or wife Alice Sheetz 6. (c) Age of husband or wife if alive DK years  
7. Birth date of deceased Nov. 28 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 3 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Auxvasse MO. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business HARDWARE

12. Name J. F. ROHN 5

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

14. Maiden name MOLLIE ADAIR

15. Birthplace DK KENTUCKY 1  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. W. F. ROHN

(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof SEPT. 15 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST

18. (a) Signature of funeral director Glen Y. Mangin

(b) Address 712 East Fulton, Mo.

19. (a) Sept 1-1948 (b) Jesse M. Mouch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14  
(c) City or town FULTON 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 513 GRAND AVE. 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31  
year 1948 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from 23 Sept  
1948 to 31 Aug 1948  
that I last saw him alive on 9 Jan 31 Aug 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic reneger syndrome  
Old rheumatic heart 20 years

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

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

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

Major findings: 931  
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)  
Signature E. R. Fish (M. D. or other) his  
Address Fulton Mo Date signed 30 Sept 48

(Licensed Embalmer's statement on Reverse Side)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File No. \_\_\_\_\_  
Date Filed SEP 15 1948

SEP 28 1948

SEP 17 1948

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..... *Glen Y. Maupin* .....  
Licensed Embalmer No. *2725-* .....  
P. O. Address..... *Fulton, 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.