

FILED MAY 23 1949 STANDARD CERTIFICATE OF DEATH

14953

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 572

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Concordia</u>	
c. LENGTH OF STAY (If this place) <u>21 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> b. (Middle) <u>*****</u> c. (Last) <u>ROHMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb 18 1901</u>	9. AGE (In years) (Last birthday) <u>48</u>	10. MONTHS <u>2</u>	11. DAYS <u>29</u>	12. IF UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Rohman</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Lampe</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>*** **</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Rohman</u> ADDRESS <u>Concordia Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Lobar Pneumonia (Bilateral)</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia (Bilateral)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from April 26, 1949, to May 17, 1949, that I last saw the deceased alive on May 16, 1949, and that death occurred at 2306 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alberto Almada M.D.</u>		23b. ADDRESS <u>State Hosp. #2 St Joseph Mo</u>		23c. DATE SIGNED <u>5/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>	
		24d. LOCATION (City, town, or county) <u>Concordia, Missouri.</u>			

DATE REC'D BY LOCAL REG. <u>May 20, 1949</u>		REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hatter Meierhoff</u> ADDRESS <u>1946 Collin St. St. Joseph Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 |||||
||||| Student Embalmer No. |||||
working under my personal supervision.

Student |||||
Student Embalmer

Signed Raymond A. Marches
Licensed Embalmer No. 4413 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.