

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30532**
4203

BIRTH NO. 15 1040		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. 4203			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo.				b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo. 68		d. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED (Type or Print) COURTLAND			a. (First) Evan		b. (Middle) RHORBACH		c. (Last) RHORBACH		
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 30-1949			5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		
8. DATE OF BIRTH Sept 12-1900			9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Moniteau Co. Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.-A	
13a. FATHER'S NAME Jacob Rhorbach			13b. MOTHER'S MAIDEN NAME Rosa D. Rummel			14. NAME OF HUSBAND OR WIFE Mrs. Maude Rhorbach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Rhorbach				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION R. F. D. #1 California					INTERVAL BETWEEN ONSET AND DEATH 2 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HODGKIN'S DISEASE			DUE TO (b) _____					DUE TO (c) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 Sept. 28, 1949 , to Sept. 30, 1949 , that I last saw the deceased alive on Sept. 29, 1949 , and that death occurred at 4:15 A m. , from the causes and on the date stated above.									
23a. SIGNATURE Lorraine Schultz M.D. (Degree or title) Lorraine Schultz, M.D.					23b. ADDRESS 10.7 West Linwood - K.C., Mo.		23c. DATE SIGNED 9-30-49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept 30 1949		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo.			
DATE REC'D BY LOCAL REG. 9-30-49			REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer, K.C. Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed *John C. Trakning*.....

Licensed Embalmer No. *4483*.....

P. O. Address *Kansas City, 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.