

STANDARD CERTIFICATE OF DEATH

State File No. **27519**

FILED SEP 7 1951
BIRTH NO. _____ REG. DIST. NO. **172** PRIMARY REG. DIST. NO. **4273** Registrar's No. **56**

540
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY LAFAYETTE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAFAYETTE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		d. STREET ADDRESS (If rural, give location) 7th AT ORANGE
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) MAGDALENA			b. (Middle)		c. (Last) ROHMAN
4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1951					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 17, 1873	9. AGE (in years last birthday) 78	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CONCORDIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY LAMPE		13b. MOTHER'S MAIDEN NAME SOPHIE SCHEELE		14. NAME OF HUSBAND OR WIFE HENRY W. ROHMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME MRS. ELYRNA M. CORMICK		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure, chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Coronary arteriosclerosis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 mos Several yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 Apr 27, 1949 , to Aug 29, 1951 , that I last saw the deceased alive on Aug 29, 1951 , and that death occurred at 6:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. Brady, M.D.			23b. ADDRESS Concordia, Mo		23c. DATE SIGNED 8/30/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE SEPT 1, 1951	24c. NAME OF CEMETERY OR CREMATORY EVANGELICAL	24d. LOCATION (City, town, or county) (State) CONCORDIA MO		
DATE REC'D BY LOCAL REG. Aug. 31-1951	REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. S. James Concordia, Mo		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-7-51 _____

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.