. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033148
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 397

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3709 Canterbury Pl. — Length of stay in 1b 67 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence 70050 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 3709 Canterbury Place — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First HERMAN Middle HENRY Last ROHRS

4. DATE OF DEATH Month Sept. Day 21, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Oct. 21, 1865
9. AGE (In years last birthday) 92 — 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) Millwright
10b. KIND OF BUSINESS OR INDUSTRY Waggner Milling Co.
11. BIRTHPLACE (City and state or country) Holgate, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Rohrs
13b. MOTHER'S MAIDEN NAME Mary Rohrs
14. NAME OF HUSBAND OR WIFE Dececeased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Alice Wolfe, 3709 Canterbury Pl., Indep.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis — 10 years
DUE TO (c) Senile Arterial Changes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 1958, to Sept. 21-58 and last saw her/him alive on Sept. 20-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mt Rich DO
22b. ADDRESS Independence
22c. DATE SIGNED 9/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 24, 1958
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR ADDRESS Geo.C.Carson & Sons, Indep., Mo.
25. DATE RECD. BY LOCAL REG. 9-24-58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signature of Student Embalmer

Signed L. A. Gibson

Licensed Embalmer No. 4871

P. O. Address Indep., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.