

FILED JAN 14 1948
Registration District No. **2**

Primary Registration District No. **3046**

1. PLACE OF DEATH:

(a) County **Moniteau Co**
(b) City or town **California, Mo Walker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **208 South Owens St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether)
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **California, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **208 South Owens St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Emma Anna Rohrbach

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **4** years **1871**
7. Birth date of deceased **March 4 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **9** Days **6** If less than one day
hr. min.

9. Birthplace **Moniteau Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Samuel Block**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Betler**
(City, town, or county) (State or foreign country)

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alvina J. Pahl**

(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 13, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **German Baptist Cem.**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo**

19. (a) **12-13-47** (b) **H. R. Roppey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10**
year **1947** hour **5** minute **A.M.**

21. I hereby certify that I attended the deceased from **Dec 9**
19 **47** to **Dec 10** 19 **47**
that I last saw her alive on **Dec 9** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Generalized arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **43**

Of autopsy

Duration

1 day

3 years

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

(e) While at work? (Specify type of work) (f) Means of injury

23. Signature **Raymond Latham** (M. D. or other)

Address **California, MO** Date signed **12-13-47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number 1/12/48
Date Filed

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
..... Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.