

FILED **AUG 19 1942**  
Registration District No. **838**

Primary Registration District No. **3028**

Registrar's No. **49**

62  
1  
1

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

**1. PLACE OF DEATH:**  
(a) County **Madison**  
(b) City or town **Fredericktown**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

**3. (a) PRINT FULL NAME** **Frank Rohan**  
**3. (b) If veteran,** name war **X** **3. (c) Social Security** No. **X**

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Julia Ann Rohan** **6. (c) Age of husband or wife if alive** **72** **years**  
**7. Birth date of deceased** **March 2 1865**  
(Month) (Day) (Year)

**8. AGE:** Years **77** Months **4** Days **27** If less than one day hr. min.

**9. Birthplace** **Bonne Terre Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farming**

**11. Industry or business**

**12. Name** **John Rohan**  
**13. Birthplace** **Bonne Terre Missouri**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Nancy Cash**  
**15. Birthplace** **Bonne Terre Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Harry Marvin Rohan**  
**(b) Address** **Silver Mines, Mo.**

**17. (a) Burial** **(b) Date thereof** **7-31-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Roselle, Mo.**

**18. (a) Signature of funeral director** **Stanley H. Dixon**  
**(b) Address** **Fredericktown, Mo.**

**19. (a) July 31, 1942** **(b) E. C. Slaughter**  
(Date received local registrar) (Registrar's Signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Madison** **62**  
(c) City or town **Rural-Polk** **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **Silver Mines, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **29**  
year **1942** hour **2:30** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **July 27** **1942** to **July 27** **1942**  
that I last saw him alive on **July 27** **1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary obstruction** **3 min**  
**Arterio Sclerosis**  
Due to **Arterio Sclerosis**  
**Dilated heart**  
Due to **Dilated heart**

Other conditions **9/4**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
**3 min**  
**PHYSICIAN**  
Underline the cause to 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?**

While at work? (Specify type of place) (e) Means of injury **0**

**23. Signature** **Harry Borron** (M. D. or other)  
Address **Fredericktown Mo** Date signed **7/31/42**

**481**

RECEIVED  
District Health Officer No. 4  
District File Number 852-1077  
Date Filed 8-14-42

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

Signed Virgil H. Welch  
Licensed Embalmer No. 4102  
P. O. Address Fredricktown - W

**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.