FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

30776
State File No.

FILED SEP 28 1948
Registration District No. 1948

Primary Registration District No. 3054

Registrar's No. 304

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bonne Terre Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Rural 8
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLIE EDITH ROHLANDER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widow
6. (b) Name of husband or wife W. E. Rohlander
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 5 (Day) 1897 (Year)

8. AGE: Years 51 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace St. Francois Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER
12. Name Sarah A. Weimer
13. Birthplace Iron Mountain (City, town, or county) Mo. (State or foreign country)
FATHER
14. Maiden name Elizabeth Tetley
15. Birthplace London (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Robert Weimer
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation K of P Cem. Farmington Mo.
18. (a) Signature of funeral director Tetley Funeral Home
(b) Address Farmington, Mo.
19. (a) 9-20-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1948 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 13, 1948 to Sept 16, 1948
that I last saw her alive on Sept 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Obstruction of Bowel	3 days
Due to:	
Due to: Unknown	
Other conditions (Include pregnancy within 3 months of death): 20 13	
Major findings: Of operations: No operation	
Of autopsy	

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)
While at work? Means of injury

23. Signature G. K. Wilkins (M. D. or other)
Address Farmington Mo. Date signed 9-20-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 9 4 8 - 12

Date Filed 9-27-4

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.