WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6466

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002 — File No.: 626

City: Kansas City (No. 3812 Cleveland ave St. ..... Ward) — Registered No.: 626

2. FULL NAME: Arthur E. Rockey

(a) Residence. No. 3812 Cleveland St.; 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emily Mona Rockey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 26, 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	2	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Independence
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Dont know
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dont know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dont know
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Emily Mona Rockey
(Address): 3812 Cleveland ave

15. FILED: 2-7, 1929 M M Ewing Asst. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1929 to Feb. 6, 1929 that I last saw him alive on Feb. 6, 1929, and that death occurred, on the date stated above, at 2:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Embolism
Gall
O.D.
1 1/13 (duration) 1 hr. yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Aortic Regurg + Myocarditis (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: NAW
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) R. Stoffer, M. D
2/6, 1929 (Address) 718 Rialto Bldg K.C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: 2/8/1929

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 924 W. 12nd st.

[illegible]