

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

**33035**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Montgomery Registration District No. 592  
 (b) Township Montgomery Primary Registration District No. 4350 Registered No. 24  
 (c) City Montgomery (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nebraska Rookwood  
 (a) Residence, No. Montgomery City Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Thomas Rookwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) I2/29/1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 8 I4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near New Florence Mo

FATHER 13. NAME James C. Parsons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co Mo

MOTHER 15. MAIDEN NAME Gairella Clyce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harran Co Mo

17. INFORMANT (ADDRESS) Ruth Rookwood Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery C. Cem DATE 9/15/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. W. Hopkins Montgomery City Mo

20. FILED Sept. 14 1939 Bull Menefee Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13/39, 19

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1924 to Sept. 13, 1939

I last saw her alive on Sept. 13, 1939 Death is said to have occurred on the date stated above, at 3am m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Decending colon Date of onset 5/38

Other contributory causes of importance: 46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) Bull Menefee, M. D.  
 (Address) Montgomery City, Missouri

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.

70  
5  
0

2  
1

24

230

Date of onset

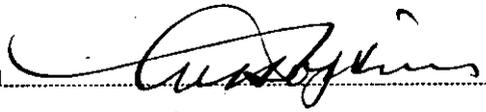
5/38

46

520

**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 on the 13  
13 th day of Sept 1939....., Registered Apprentice No.....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. 1487.....

P. O. Address Montgomery City 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, above space should be left blank.**