

Registration District No. **110 OCT 31 1939**

Primary Registration District No. **4363**

Registrar's No. **122**

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Neosho
 (c) Name of hospital or institution: 603 W. Spring St.
 (d) Length of stay: In hospital or institution 13 years
 In this community 13 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton
 (c) City or town Neosho
 (d) Street No. 603 W. Spring St.
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ELIZA MAY ROCKFORD
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 27
 year 1939 hour 7 minute 15 AM.

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. J. Rockford
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased January 8, 1860

21. I hereby certify that I attended the deceased from Aug 25
1939 to Sept 23, 1939
 that I last saw her alive on Sept 23, 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 8 Days 19
 If less than one day hr. _____ min. _____

Immediate cause of death Chronic Arthritis and Myocarditis
 Due to _____
 Due to _____

9. Birthplace Millford Maine
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
 Due to _____

10. Usual occupation at home
11. Industry or Business _____
12. Name John Monk
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature E. J. Rockford
(b) Address 603 W. Spring St. Neosho Mo.
17. (a) Osborne Men (b) Date thereof Sept 27, 1939
(c) Place: burial or cremation Osborne Kansas
18. (a) Signature of funeral director Barly Thompson
(b) Address Neosho Missouri
19. (a) 9-27-39 (b) W. H. ...

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? _____
 (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 _____
23. Signature J. R. ... (M. D. or other) _____
 Address Neosho Mo Date signed 9-27-39

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.

RECEIVED

District Health Officer No. 6,

District File Number 1039-2097

Date Filed OCT 11 1939

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.....

Gail R. Gay, Registered Apprentice No. 189
working under my personal supervision.

Signed Barry Thompson

Licensed Embalmer No. 3259

P. O. Address Nashville 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.