

FILED APR 12 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 326

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1107 Ridenbaugh  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 years  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Eva Rockwell 240

8. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John M. Rockwell

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 20, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	9	2	_____hr. _____min.

9. Birthplace Platte City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER { 12. Name William D. Bonnell

13. Birthplace Lexington Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Oldham

15. Birthplace Frankfort Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Rockwell

(b) Address 817 E. Hyde Park Ave.

17. (a) Burial (b) Date thereof March 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gower, Missouri

18. (a) Signature of funeral director Clark Mortuary  
5025 King Hill Ave.

(b) Address \_\_\_\_\_

19. (a) MAR 25 1940 (b) [Signature] 85  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1107 Ridenbaugh  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22, 1940  
year 7 hour 20 minute 0 M.

21. I hereby certify that I attended the deceased from March 21, 1940  
\_\_\_\_\_ 19\_\_\_\_, to March 22, 1940  
that I last saw him ✓ alive on 3-22, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertatic Bronchopneumonia 2 days

Due to Chronic myocardiosis 5 year  
arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓

Of autopsy ✓

Duration

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

28. Signature [Signature] (M. D. or other) MD

Address Central Bldg Date signed 3-29-40

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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 *Emre A. Clark*

Licensed Embalmer No. 3474

P. O. Address *St. Joseph*

**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.**