

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

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 185

1. PLACE OF DEATH

(a) County Callaway  
(b) City or town Quail - Dutton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
The Callaway Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Quail  
(If outside city or town limits, write "RURAL")  
(d) Street No. Pickland Community  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bertha A. Rockwood 230

3. (b) If veteran, name war ✓  
3. (c) Social Security No. 497-16-3858

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 20 1923  
(Month) (Day) (Year)

8. AGE: Years 17 Months 3 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Homer Rockwood  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah E. Hunter  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant H. Extrude Reeves

(b) Address 607 W. Water, Jefferson City

17. (a) burial (b) Date thereof July 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pioneer (Dutton)

18. (a) Signature of funeral director Leo L. Wallace

(b) Address Dutton, Mo

19. (a) July 29, 1940 (b) R. N. Crews  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1940 hour 13 minute 30 P M.

21. I hereby certify that I attended the deceased from July 27 1940 to July 28 1940  
that I last saw her alive on July 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Injuries recd in auto wreck  
fractured H. hip, left hip  
fractured left clavicle  
fractured injuries  
Due to being run over by auto

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) yes

(b) Date of occurrence July 27 1940

(c) Where did injury occur? same date  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public highway

While at work? no (Specify type of place)  
(a) Means of injury as above

23. Signature H. J. Owen (M. D. or other) ✓

Address Dutton Mo Date signed 7/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

210m  
98

**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 James A. Mudd  
Licensed Embalmer No. 4152  
P. O. Address Fulton, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24768**  
Registrar's No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **104**

Primary Registration District No. **3008**

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

**1. PLACE OF DEATH:**  
(a) County **Callaway**  
(b) City or town **Fulton**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ (Specify whether years, months or days)

**3. (a) PRIN FULL NAME** **Bertha A. Rockwood**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

**8. AGE:** Years **17** Months **3** Days **8** If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_ (State or foreign country)  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **28** year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.**

**Immediate cause of death:**  
**Injuries Received in auto wreck. Dislocated L. knee and left hip. Fracture left clavicle. Head injuries from over by auto.**  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
**Major findings: (By Cor. Dr. J. O. White) breaks. She fell forward and was run over by car on which she was riding.**  
**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) (c) Means of injury \_\_\_\_\_

**23. Signature:** **H. J. Owen** (M. D. or other) \_\_\_\_\_  
Address **Fulton Mo** Date signed \_\_\_\_\_

**SUPPLEMENTARY**  
**210M 28**

