

Registration District No. 316

Primary Registration District No. 2001

Registrar's No. 598

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 2238 Spruce
(d) Length of stay: In hospital or institution. 256
In this community years, months or days

3. (a) PRINT FULL NAME JERRY RODOCKER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 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 July 10 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days If less than one day min.

9. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business In home

12. Name George Rodocker

18. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Mo. (City, town, or county) (State or foreign country)

16. (a) Informant George Rodocker

(b) Address Springfield, Mo.

17. (a) Burial, cremation, or removal (b) Date thereof July 18-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Rucker Mo. (City, town, or county) (State or foreign country)

18. (a) Signature of funeral director Father George Rodocker

(b) Address Springfield, Mo.

19. (a) Date received local registrar July 18, 1940 (b) Registrar's signature W. E. Haudley, M.D.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Greene
(c) City or town Springfield
(d) Street No. 2238 Spruce
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1940 hour minute 00 P. M.

21. I hereby certify that I attended the deceased from July 10 - 1940 to July 18 - 1940 that I last saw him alive on July 18 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of Esophagus - congenital

Due to...

Due to...

Other conditions: 15 min

(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)

(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

23. Signature: Henry F. Knoch (M. D. or other)

Address: 456 1/2 E. Bond St Date signed: 7/16/40

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

11-10-39

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.

X