No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14543

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 314

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED: Barry 05
(a) State Missouri (b) County Unknown 2
(c) City or town Monett 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Rockerby, Mr John R.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Essie Rockerby
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March (Month) 8 (Day) 1866 (Year)

8. AGE: Years 75 | Months 1 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Hudsonville (City, town, or county) Ind. (State or foreign country) 1
10. Usual occupation R.R. Post Office
11. Industry or business
MOTHER FATHER
12. Name Joe Rockerby
13. Birthplace Unknown (City, town, or county) / Kentuckey (State or foreign country)
14. Maiden name Mary ~~Rockerby~~ Unknown
15. Birthplace Unknown (City, town, or county) / Indiana (State or foreign country)
16. (a) Informant Mrs Essie Rockerby
(b) Address Monett, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Monett, Mo.
18. (a) Signature of funeral director [signature]
(b) Address Monett, Mo
19. (a) 4-14-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1941 hour 1 minute 25 A M.
21. I hereby certify that I attended the deceased from 4/8, 1941, to 4/12, 1941; that I last saw him alive on 4/11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrenous bowel, with Peritonitis	4 days
Due to: Strangulation in inserting of old hernia	1
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Gangrene bowel & peritonitis
Of autopsy none

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature E. M. Terrenden (M. D. or other)
Address Med Arts Bldg Springfield Mo Date signed 4/14-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 0 1941

MAR 1 6 1944

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.