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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 428 Primary Registration District No. 2000 Registrar's No. 653

39
2
6

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: 2422 N. Grant 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2422 N. Grant 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HARRY CLINT RODOCKER

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Rodocker
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February (Month) 15 (Day) 1879 (Year)

8. AGE: Years 63 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Jefferson (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation ~~[illegible]~~

11. Industry or business ~~Unknown~~ Carpenter

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Grant Powell
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 9-8-42 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day ~~[illegible]~~ year 1942 hour 12:40 minute A M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to 9/9, 1942 that I last saw him alive on 9/6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration short time

Due to

Due to arterio sclerosis — 3 yrs

Other conditions acute colitis — 1 wk
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

20a

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 W. T. Walsh (M. D. or other)
Address Springfield Mo. Date signed 9/8/42

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1942

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. 3681

P. O. Address Springfield 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.