

**FILED** OCT 20 1942  
149

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3693

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3630 Warwick, Elizabeth Rest Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months  
(Specify whether  
In this community 55 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2634 Paseo  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME George W. Rockwell

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

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

6. (b) Name of husband or wife Ella I. Rockwell 6. (c) Age of husband or wife if alive 16 years (Year) 1861

7. Birth date of deceased August 16 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 20 If less than one day  
.....hr. ....min.

9. Birthplace Urba, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Druggist

12. Name Charles B. Rockwell

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

14. Maiden name Unknown

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

16. (a) Informant Miss Helen W. Eoff

(b) Address 2634 Paseo

17. (a) Burial (b) Date thereof 10-8-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 10-7-42 (b) W. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6  
year 1942 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept 1  
1942 to Oct 5 1942  
that I last saw him alive on Oct 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death prostate  
benign prostatic hypertrophy

Due to prostate  
benign prostatic hypertrophy

Due to prostate  
benign prostatic hypertrophy

Due to prostate  
benign prostatic hypertrophy

Other conditions 137a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓

Of autopsy ✓

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 .....

23. Signature George H. ... (M. D. or other) the W  
Address 520 Professional Bldg Date signed 10-7-42

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

48  
8033

5720  
12:30-5:00  
11-4-26  
H. E. Freeman  
Chgo  
Ill

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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 *H. E. Freeman*

Licensed Embalmer No. 481

P. O. Address Kansas City, 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.**