

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

REC NOV 13 1942

Registration District No. 139

Primary Registration District No. 4771

Registrar's No. 75

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

44  
1  
0

1. PLACE OF DEATH: **Missouri**

(a) County **Holt**

(b) City or town **Mound City, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt.**

(c) City or town **Mound City.**  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Samaul A. Rockwell.**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **22nd.**  
year **1942.** hour **5 P.M.** minute **10:20**

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

6. (b) Name of husband or wife **Jennie Rockwell.** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **June 14** **1857.**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19..... that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years **85** Months **4** Days **8** If less than one day..... hr..... min.

**Coronary Artery Occlusion**

Due to.....

Due to.....

9. Birthplace **Mound Station.** **Ill.**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **94a**

10. Usual occupation **Laborer.**

Major findings: Of operations.....

11. Industry or business.....

12. Name **N.C. Rockwell.** **Conn.**

Of autopsy.....

13. Birthplace (City, town, or county) (State or foreign country) **Sophia E. Hammond.** **Vermont.**

14. Maiden name **Sophia E. Hammond.** **Vermont.**

15. Birthplace (City, town, or county) (State or foreign country) **Removal** (b) Date thereof **Oct. 24th**  
(Burial, cremation, or removal) (Month) (Day) (Year) **Falls City, Neb.**

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

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

16. (a) Informant **Jud L. Rockwell.** (b) Address **Mound City, Mo.**

(b) Date of occurrence.....

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

17. (a) Signature of funeral director **W. H. Graubert.** **Mound City, Mo.**

(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.....

18. (a) Address **10-24-47** (b) **Paulene Sawron** (Registrar's signature)

23. Signature **D. J. Perry** **Coroner** (M. D. or other)  
Address **Mound City, Mo.** Date signed **10-23-42**

1180

---

---

**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. *1824*

P. O. Address *Mound 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.**