

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1942

4201-556

Registration District No. 742

Primary Registration District No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Mountain View, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 6 years

3. (a) PRINT FULL NAME George Daniel Rockwell

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 9th 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>67</u>			hr. min.

9. Birthplace Fr. Wisco.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel J Rockwell

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

14. Maiden name Lovina J. Blaisdell

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

16. (a) Informant Mrs F.A. Powell

(b) Address Spring Field, Mo

17. (a) Removal (b) Date thereof Oct 18th 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fordland, Mo

18. (a) Signature of funeral director John J. Moran

(b) Address Mountain View, MO

19. (a) Oct. 20, 1942 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Mountain View, Mo.
(If outside city or town limits, write "RURAL.")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15th
year 1942 hour 4: P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Fibillation of Heart

Due to _____

Due to _____

Other conditions 95a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? Mountain View, Mo
(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 J. E. Farrell (M. D. or other) _____

Address Mountain View, Mo Date signed 11-20-42

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.....

John F. Duncan

Licensed Embalmer No. *2516*

P. O. Address *Mountain View 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.