

S. No. 2
DM-5-43
v. 5-17-39
I X36671

41377

FILED JAN 14 1947

State File No. _____

Registration District No. 210

Primary Registration District No. 5769

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 56 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town RFD Princeton, Missouri
(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 Calvin Jacob Rockey

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 Widower

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

7. Birth date of deceased December 23 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 13 _____ hr. _____ min.

9. Birthplace Allen County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George Andrew Rockey

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

{ 14. Maiden name Sarah Shull

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

16. (a) Informant George Rockey

(b) Address Princeton, Missouri

17. (a) Burial (b) Date thereof December 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cemetery

18. (a) Signature of funeral director E. J. Stoklasa

(b) Address Cainsville, Missouri

19. (a) 12-16-46 (b) John Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1946 hour 7 minute 30 A.M.

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

Immediate cause of death _____
Due to Probably acute carditis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy None

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? _____ (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) _____
Means of injury Car
23. Signature [Signature] (M. D. or other) _____
Address Princeton, Missouri Date signed 12/8/46

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

40150

190

DISTRICT HEALTH OFFICE
Cameron, Mo.

I II

STATEMENT BY LICENSED EMBALMER

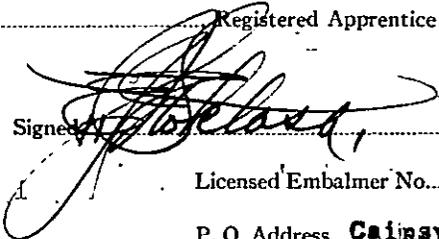
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Eddie J. Stoklasa

Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address. Cainaville, Missouri.

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.

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