

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1800
Registrar's No. 104

Registration District No. 210 Primary Registration District No. 4322

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lambert Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp. 45 Min.
(Specify whether years, months or days) 45 minutes Life

3. (a) PRINT FULL NAME Paul Lyndon Rockhold
3. (b) If veteran, name war. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 25, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 4 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Pearl Alexander Rockhold

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

14. Maiden name Hattie Carlisle

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

16. (a) Informant H. H. Carlisle

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Jan. 14, 1948
(Burial, cremation, or removal) Evergreen Cemetery (City or town) (County) (State) (Year)
(c) Place: burial or cremation Lineville, Iowa.

18. (a) Signature of funeral director O. C. Carlisle

(b) Address Lineville, Iowa

19. (a) 1-19-48 (b) M. J. Rute
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Wayne 994
(c) City or town Lineville 120
(If outside city or town limits, write "RURAL")
(d) Street No. No (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day II year 1948 hour 9 minute P M.
21. I hereby certify that I attended the deceased from Jan 11 1948 to Jan 11 1948
that I last saw him alive on Jan 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 hours
Due to Malignant Hypertension 2 years

Due to
Other conditions (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) (a) Means of injury
23. Signature M. J. Rute (M. D. or other) M.D.
Address Lineville, Mo. Date signed 1-19-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

James L. Gruber

Licensed Embalmer No.

3967

P. O. Address

Linnville, 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.