

No. 300
-10-47
-17-39
PI 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI ILLUSTRATION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33072**
4134
Registrar's No.

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution: **4431 Madison Ave.**

(d) Length of stay: **27 years**

In this community **27 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**

(d) Street No. **4431 Madison Ave.**

(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mrs. Etta Rockwell**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **James M. Rockwell**

6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **October 30th, 1873**

8. AGE: Years **74** Months **11** Days **8**

9. Birthplace **Pawnee City Nebraska**

10. Usual occupation **At Home**

11. Industry or business

12. Name **Minor S. Sharpes**

13. Birthplace **West Virginia**

14. Maiden name **Roxanna Sluss**

15. Birthplace **West Virginia**

16. (a) Informant **Mrs. Margaret A. Cockrell**

(b) Address **4431 Madison Ave.**

17. (a) Cremation (b) Date thereof **10-11-48**

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) 10-11-48 (b) **Geraldine Holm**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **8th.** year **1948** hour **11** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Sept 30 1948** to **Oct 8 1948**

that I last saw him alive on **Oct 8 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardia**

Due to **Coronary Heart Disease**

Due to **Fracture of Hip**

Other conditions **18105 18**

Major findings: **Fracture of Hip**

Of operations **nailed**

Of autopsy **True**

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

(a) Accident, suicide, or homicide (specify) **Accident 173**

(b) Date of occurrence **Aug. 30, 1948**

(c) Where did injury occur? **K.C. Jackson, Mo.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**

While at work? **no** (e) Means of injury **fall**

Signature **John O. Skinner** (M. D. or other)

Address **14102 Lyngway KC Mo.** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1:30 - 5
Berga. J. Fox
8

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 Willis D. Bennett

Licensed Embalmer No. 4438

P. O. Address. K. C. 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.