

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29241
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison ³ Registration District No. 339

(b) Township Trailcreek ¹ Primary Registration District No. 5475

(c) City..... (d) Street No..... St.

(II death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ralph Gordon Rockhold

(a) Residence, No. Princeton Mo. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1917

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>21</u> | <u>8</u> | <u>14</u> | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as saw mill, bank, etc. Dry Goods Store

10. Date deceased last worked at this occupation (month and year) Aug. 1939 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Ralph Rockhold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Etta Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Ralph Rockhold Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linwood Ia. DATE 8/20 1939

19. FUNERAL DIRECTOR (ADDRESS) O. O. Brunler Linwood Ia.

20. FILED 8/20 1939 Mrs. L. Sellers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19.

I last saw h..... alive on 19 Death is said to have occurred on the date stated above, at about 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Car accident
I fell badly
Crushed.

Date of onset

Other contributory causes of importance:

Car He was driving crashed into another car. His car turning over several times.

Name of operation..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug. 16, 1939

Where did injury occur? 1 1/2 miles west Mt. Hope Ia. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Highway #4

Manner of injury Car accident

Nature of injury Head Crushed

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Joe E. Wheeler Corner

307 (Address) Bethany Ia.

STATEMENT BY LICENSED EMBALMER

I, O. O. Greenlee, Licensed Embalmer No. 872
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ames L. Greenlee
L. E.
No. 3967 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed O. O. Greenlee
Licensed Embalmer No. 872

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.)