

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

42358
Do not use this space.

JAN 13 1940

3

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. Aberdeen Hotel St.
 (If 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.

Registered No. 4767

2. PRINT FULL NAME

Grace Rockelmann

(a) Residence, No. 245 St. Keokuk, Iowa
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Rockelmann				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1889				
7. AGE	YEARS 50	MONTHS 11	DAY 7	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa				
FATHER	13. NAME George Brown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Emma Wood			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa			
17. INFORMANT Ross Rockelmann (ADDRESS) Keokuk, Iowa				
18. BURIAL, CREMATION, OR REMOVAL PLACE Removal Keokuk, Ia DATE Dec. 16-39 , 19				
19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc (ADDRESS) 2825 Indep. Blvd. K.C. Mo.				
20. FILED Dec. 16, 19 39 M.M. Brown Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 15 19 39**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 4**, 19**39**, to **Dec 15**, 19**39**
 I last saw **her** alive on **Dec 15**, 19**39** Death is said to have occurred on the date stated above, at **12:30 a.m.**
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
 Other contributory causes of importance:
Arteriosclerosis, Colitis
 Name of operation **Excision anal fistula** Date of **12/16/39**
 What test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) **R. P. Perry**, M. D.
 (Address) **926 W. 2nd St.**

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.

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.....

B. H. Blackman

Licensed Embalmer No. *2244*

P. O. Address.....

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, above space should be left blank.