

Dr. Stewart 213  
Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson  
(If inside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
918 Washington Street 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Mrs. Elizabeth Rockelman 245

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry Rockelman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 2 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 3 8 hr. min.

9. Birthplace Cole County, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mohr 6

13. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elvin Rockelman

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-12-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 2/12/40 (b) Dr. Stewart  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole  
(c) City or town "Rural" - Jeff. City  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.W. #2 00  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10  
year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from December 29th. 1939.  
that I last saw her alive on December 29th. 1939.  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, pleurisy Duration \_\_\_\_\_

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 5:11 W

Major findings: Of operations: --

Of autopsy: --

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) (Manner of injury) --

23. Signature James Shundy (M. D. or other M. D.)  
Address Jefferson City, Missouri Date signed 2/12/1940

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

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.

PHYSICIAN  
Underline the cause to which death should be charged statistically

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**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.....

*Louis Zwert*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Louis Zwert*.....

Licensed Embalmer No. *H-096*.....

P. O. Address *Jefferson City, 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, above space should be left blank.**