

**MAR 14 1941**  
Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 78

14  
1  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Cape Girardeau  
(b) City or town 11  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital (1)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community Cape Girardeau Mo years, months or days)

3. (a) PRINT FULL NAME Rada Brown

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 Simon Brown (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 27 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Walcott Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

MOTHER FATHER { 12. Name Virgie Barnes  
13. Birthplace Don't know  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Sturley  
15. Birthplace Walcott Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Simon Brown

(b) Address Illmo Mo Box 922

17. (a) removal (b) Date thereof Feb 23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation front Zion Cent 22

18. (a) Signature of funeral director Pardey J. McCall

(b) Address Carrouge Ave. Cape Girardeau

19. (a) 2-21-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau 14  
(c) City or town Cape Girardeau Mo 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Illmo Mo 6  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? All time years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1941 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from 2/29/41  
1941, to 2/20, 1941;  
that I last saw her alive on 2/20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Fibromyoma  
Surgical Shock  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions 5/6/41  
(Include pregnancy within 3 months of death)

Major findings: Fibromyoma  
Of operations Extending into broad ligament  
Of autopsy none

Duration \_\_\_\_\_  
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) no  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature Thy. Ashler (M. D. or other) D  
Address Cape Girardeau Mo Date signed \_\_\_\_\_

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**