

FILED MAR 19 1941

Primary Registration District No. **3029**

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

1. PLACE OF DEATH:

(a) County Merion

(b) City or town Hannibal

(c) Name of hospital or institution: 2124 Hope St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME ROSE J. 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 Benj 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased FEB 23 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 11 9 hr. \_\_\_\_\_ min.

9. Birthplace Rath Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

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

12. Name John Scott

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

14. Maiden name LIVING WILSON

15. Birthplace Rath Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr Walter Brown

(b) Address Milwaukee Wis.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director JAMES O'DONNELL

(b) Address Hannibal Mo

19. (a) Feb 4 1941 (Date received local registrar) (b) W.C. Fisher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Merion

(c) City or town Hannibal Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2124 HOPE ST  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1941 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1941 to Feb 1 1941 that I last saw her alive on Jan 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral

Due to Hemorrhage

Due to Hypertension

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? Y

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W.C. Fisher (M.D. or other) \_\_\_\_\_

Address 1011 Broadway St Date signed 2-4-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

*Michael J. Donnell*

Licensed Embalmer No. *3246*

P. O. Address

*Hamlet N.C.*

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.