

FILED APR 10 1942 6

Registration District No. 7

Primary Registration District No. 6/54

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

1. PLACE OF DEATH: **Vernon**

(a) County: **Vernon**

(b) City or town: **Rural Rich Hill Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Metz Supp**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **---** (Specify whether)

In this community: **Life**  
years, months or days

3. (a) PRINT FULL NAME: **Harriet R. Brown**

3. (b) If veteran, name war: **---**

3. (c) Social Security No.: **---**

4. Sex: **F**

5. Color or race: **W**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife: **Nelson C. Brown**

6. (c) Age of husband or wife if alive, **dec.** years

7. Birth date of deceased: **Oct. 15, 1862**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **15** If less than one day **---** hr. **---** min.

9. Birthplace: **Macon County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: **---**

MOTHER FATHER { 12. Name: **Wm. Yeates**

13. Birthplace: **Ky**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Mildred Medley**

15. Birthplace: **Ky**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Frank Brown**

(b) Address: **Rich Hill, Mo RFD #2**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **4/1/42**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Rider Cem. Rich Hill**

18. (a) Signature of funeral director: **Booth Funeral Service**

(b) Address: **Rich Hill Mo**

19. (a) **3-31-42** (Date received local registrar) (b) **H. S. Clark** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Vernon**

(c) City or town: **Rural Rich Hill**  
(If outside city or town limits, write "RURAL")

(d) Street No.: **5 Mi West Rich Hill**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country: **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**  
year **1942** hour **six** minute **30** a. **m**

21. I hereby certify that I attended the deceased from **Feb 1st** to **Feb 30**, 19**42**  
that I last saw **her** alive on **Mar 30**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage**

Due to: **Hypertension**

Due to: **---**

Other conditions: **---**  
(Include pregnancy within 3 months of death)

Major findings: **83a**

Of operations: **---**

Of autopsy: **---**

Duration

**5 days**

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) **---**

(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: **Dr Harry Allen** (M. D. or other)

Address: **St Louis Mo** Date signed: **4/1/42**

RECEIVED

District Health Officer No. 7;

District File Number 4-42-346

Date Filed 4-8-42

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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

*John H. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler 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, fact should be so stated above.