

AUG 11 1941

Registration District No. 29

Primary Registration District No. 4021

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barry County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 005
(c) City or town Cape Fair (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROSETTA ALICE 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased April 28 1923
(Month) (Day) (Year)

8. AGE: Years 17 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Cato Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Country School

12. Name Andrew G. Brown

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

14. Maiden name Edna Beahere

15. Birthplace Cato Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Brown
(b) Address Cato, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Fields Cemetery

18. (a) Signature of funeral director Funeral Home
(b) Address Cassville, Mo.

19. (a) 1-30-1941 (Date received local registrar) (b) J. W. Thurman (Registrar's signature) (By Th. Th.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1941 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 27, 1941, to Jan 26, 1941; that I last saw her alive on Jan 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bowel obstruction Peritonitis Duration 7 days 6 days

Due to cause of obstruction unknown (not operated)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 122 (A)

Major findings: Of operations _____

Of autopsy _____

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 George Newman (M. D. or other) D
Address Cassville, Mo. Date signed 1-29-41

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

5
1
0

RECEIVED

District Health Officer No. 6,

District File Number 841-1312

Date Filed AUG 7 1949

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.....

Rufus J. Miller

Licensed Embalmer No.....

3794

P. O. Address.....

Cassville, 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.