

Registration District No. 547

Primary Registration District No. 3029

64  
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1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 210 No 6th Street  
(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 ROBERT LEE BROWN

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Otte Brown 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 11, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 8 13 hr. # min.

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

10. Usual occupation Retired Farmer

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

12. Name William L. Brown

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

14. Maiden name Elizabeth Mc Cleary

15. Birthplace North Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Otte Brown

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 5-26-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Wm M Smith  
(b) Address Hannibal Missouri

19. (a) 5-25-42 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 North 6th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ## 0## years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1942 hour 5:22 minute 22 P.M.

21. I hereby certify that I attended the deceased from May 20, 1942 to May 24, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage in brain. Duration 90 hrs.  
Due to Arteriosclerosis 10 yrs.

Due to --  
Other conditions --  
(Include pregnancy within 3 months of death)

Major findings: -- Of operations -- Of autopsy --  
PHYSICIAN J. B. Hamilton  
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) (Specify means of injury)  
23. Signature J. B. Hamilton (M. D. or other) --  
Address Hannibal Missouri Date signed 5-25-42

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

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: *James A. Moller*  
Licensed Embalmer No. *3296*  
P. O. Address *Hannibal 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.