

Registration District No. **354**

Primary Registration District No. **6198**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **TEXAS**

(b) City or town **RURAL CASSIUM**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**NEAR SOLO, MO**  
(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

2. USUAL RESIDENCE OF DECEASED: **107**

(a) State **MO** (b) County **TEXAS**

(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")

(d) Street No. **NEAR SOLO, MO**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **RONALD LEE BROWN**

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **29**  
**1942** year **12** hour **NOON** minute **A.M.**

4. Sex **MALE**

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 alive \_\_\_\_\_ years

7. Birth date of deceased **Dec 29 1942**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 29 1942** to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him alive on **Dec 29 1942**

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
			<b>7</b> hr. min.

Immediate cause of death **premature child not viable**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace **TEXAS, Co. MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CHILD**

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

MOTHER FATHER { 12. Name **ORVILLE BROWN**

18. Birthplace **TEXAS, Co MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **RUTH HINSEY**

16. Birthplace **TEXAS, Co MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **ORVILLE BROWN**

(b) Address **ELK CREEK, MO**

17. (a) **BURIAL** (b) Date thereof **12/30/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SOLO**

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 \_\_\_\_\_

18. (a) Signature of funeral director **Hayden U. Elliott**

(b) Address **HOUSTON, MO**

19. (a) **Dec 31-42** (b) **Mrs. Son Miller**  
(Date received local registrar) (Registrar's signature)

23. Signature **Henry R. Rosy** (M. D. or other) **DO.**

Address **Houston, MO** Date signed **12-31-42**

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

RECEIVED

District Health Officer No. 5,

District File Number

14337

Date Filed

1-6-49

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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.**