

FILED MAY 27 1946

Registration District No. 2227

Primary Registration District No. 4239

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Paris  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: —  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution — (Specify whether)  
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Paris  
(If outside city or town limits, write "RURAL")  
(d) Street No. — (If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1946 hour 12 minute 20 M.

21. I hereby certify that I attended the deceased from April 1, 1946 to April 23, 1946  
that I last saw her alive on April 23, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Stroke Myocardial Infarction  
Duration 2 1/2 hr

3. (a) PRINT FULL NAME

Roussa Brown

3. (b) If veteran,

name war 20

3. (c) Social Security

No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Doc Brown

6. (c) Age of husband or wife if alive 26

7. Birth date of deceased: 9 (Month) 26 (Day) 1852 (Year)

8. AGE:

Years 93 Months 6 Days 27 If less than one day hr. min.

9. Birthplace:

Monroe Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation:

at home

11. Industry or business:

at home

12. Name:

Frederick Satterly

13. Birthplace:

Monroe Co (City, town, or county) Mo (State or foreign country)

14. Maiden name:

Ellen Davis

15. Birthplace:

— (City, town, or county) Mo (State or foreign country)

16. (a) Informant:

Mrs Myrtle Creasor

(b) Address:

Madison Mo

17. (a) Burial, cremation, or removal:

burial (b) Date thereof: 4-24-46 (Month) (Day) (Year)

(c) Place: burial or cremation:

Walton Grove Cemetery

18. (a) Signature of funeral director:

Fred Thompson

(b) Address:

Madison Mo

19. (a) 4-24-46 (Date received local registrar)

(b) Edith Baker (Registrar's signature)

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

Major findings:

Of operations: 93A

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:

[Signature] (M. D. or D. O.)

Address:

Paris Mo Date signed 5-2-46

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

MOTHER FATHER

9  
2  
0

16828

69  
2  
0  
0

RECEIVED

District Health Officer No. 10

District File Number 5-46-107

Date Filed MAY-23-1948

**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 Mrs. Julia Thompson

Licensed Embalmer No. 3252

P. O. Address Madison

**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.**