

MAY 13 1940  
Registration District No. **496**

Primary Registration District No. **3025**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brownfield  
(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 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME James E. Louthan  
8. (b) If veteran, name war \_\_\_\_\_ 8. (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 Anna Louthan 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Dec 6 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Purdin Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired RR Man

MOTHER FATHER  
12. Name Perry Louthan  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Benson  
15. Birthplace Purdin Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Louthan  
(b) Address 516 E Wood

17. (a) Rural (b) Date thereof Apr 16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural  
18. (a) Signature of funeral director Huntley R. Pollock  
(b) Address Brownfield

19. (a) 4-15-40 (b) Wm. L. Louthan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn  
(c) City or town Brownfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 516 E Wood  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14  
year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging  
Due to \_\_\_\_\_

Due to Coroner View  
Other conditions 1  
(Include pregnancy within 3 months of death)

Major findings: 160  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 4-14-40  
(c) Where did injury occur? Brownfield Linn Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. L. Louthan (M.D. or other)  
Address Brownfield Mo Date signed 4-15-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

WHILE FILLING IN USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I 41951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Member No. 11  
Lic. No. 11  
District File Number 540-67  
Date Filed MAY 7 1940

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 L. W. Collins  
Licensed Embalmer No. 11644  
P. O. Address Brookfield 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, above space should be left blank.