

1. PLACE OF DEATH:
 (a) County Putnam Township Sherman
 (b) City or Town Powersville P.P.
 (c) Hospital or Institution: Name and Street Address
 (d) Length of stay in Hospital or Inst. (yrs., or mos., or days) 20
 In this community (yrs., or mos., or days) 69 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
 For newborn infant give residence of mother
 (a) State Missouri (b) County Putnam
 (c) City or town Powersville P.P.
 (d) Street No. S.E. Seymour - Ia.
 (e) If foreign born, how long in U. S. A. ?

3. (b) IF VETERAN, NAME WAR None

3. (a) FULL NAME Luetta L. Brown
 3. (c) Social Security Account Number None

4. Sex Female
 5. Color or Race white
 6. (a) Single, married, widowed or divorced Married
 6. (b) Name of husband W. L. A. Brown
 6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 6 - 1871

8. Age	Years	Months	Days	If less than 1 day
69	4	1		

9. Birthplace Appanoose Co. Ia.
 (Town, county, and state or foreign country)

10. Usual Occupation Housewife
 11. Industry or business at home

12. Name Jesse Gibbs
 13. Birthplace Not known
 (City, town or county) (State or foreign country)

14. Name Catherine Hinton
 15. Birthplace Not known
 (City, town or county) (State or foreign country)

16. (a) Informant's own signature M. G. A. Brown
 (b) Address Powersville Mo.

17. (a) Burial (b) Date thereof 10-9-40
 (Month) (Day) (Year)
 (c) Place of burial or cremation South Lawn
 Location Seymour - Ia.

18. (a) Signature Laurence R. [Signature]
 (b) Address Seymour - Ia. (c) License No. 200

19. Signature C. E. Van Dyne District 723
 Date received Oct. 8 1940 Filed No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH Oct - 7 - 1940 at 5:20 P.M.
 (Month, WRITE OUT) (Day) (time)
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 - 1940 to Oct. 7 - 1940, and that I saw him alive on Oct. 4 - 1940.
 Immediate cause of death Coronary thrombosis
 DURATION few hours
 Due to 54
 Other conditions Dietetic Medication ?
 (Include pregnancy within 3 months of death)
 OPERATION: Date of
 Of operation
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) (b) Date of (Accident, suicide or homicide)
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Injured at home, farm, industry, public place (where?)
 (e) Injured at work? (Yes or no)
 (f) Means of injury
 (g) Nature of injury

23. (a) Signature [Signature] (b) Address Seymour - Ia. (c) Date signed 10-7-1940

Local Registrar
 Director & War
 Sec. No.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS

RECEIVED

District Health Officer No. 10

District File Number 10-40-1896

Date Filed OCT 9 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS

I, Laurence Reily Licensed Embalmer No. 2005 hereby certify that

the body recorded on the reverse side of this certificate was embalmed by Laure L. E.

No. 2005 or by _____ Registered student No. _____

working under my personal supervision.

Signed Laurence Reily

Licensed Embalmer No. 2005

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).