

JAN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44843
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 1024
 (b) Township Tiger Fork Primary Registration District No. 6088
 (c) City _____ (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred 17 yrs. 9 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Claude William Logan
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Certie Katherine Logan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 9 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:00 P.M.
 The principal cause of death and related causes of importance were as follows:

apoplexy
 Other contributory causes of importance: Inquest deemed unnecessary
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maywood, Miss. Co. Mo.
 FATHER 13. NAME John W. Logan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER 15. MAIDEN NAME Fannie Jane Shumate
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo
 17. INFORMANT (ADDRESS) Born Murray
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lewisston Cemetery DATE Dec 6 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. G. Leeder
Lewisston, Mo
 20. FILED Dec 4 1939 Mrs. C. W. Musgrave
Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Born Murray Coroner
 (Address) Bethel, Mo

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.

FEB 11 1945

FEB 8 1945

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,

My self

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

James A. Coder

Licensed Embalmer No.

2532

P. O. Address

Linstown, 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.