

FILED MAR 18 1940

Registration District No. **420**

Primary Registration District No. **3022**

Registrar's No. **34**

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

1. PLACE OF DEATH:
 (a) County Jefferson *Table*
 (b) City or town Wadato
(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 38 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jefferson
 (c) City or town Wadato
(If outside city or town limits, write "RURAL")
 (d) Street No. 422 S. 3rd St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME GEORGE EDWARD LOGAN
 8. (b) If veteran, name war no 8. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9th year 1940 hour 10 minute 15 P.M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Watie Logan 6. (c) Age of husband or wife 19 years
 7. Birth date of deceased June 19 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1930 to March 9, 1940 that I last saw him alive on 3/9 and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic myocarditis *3*

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>20</u>	

Due to Essential Hypertension?
 Due to Peritubercle

9. Birthplace Paris, Illinois
(City, town, or county) (State or foreign country)

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

10. Usual occupation R.R. agent
 11. Industry or business Railroad
MOTHER { 12. Name Opely Logan
 13. Birthplace Glasgow, Scotland
 14. Maiden name Masha Birch
 15. Birthplace London, England
(City, town, or county) (State or foreign country)

Major findings: Of operations ASC
 Of autopsy ASC
PHYSICIAN ASC
Underline the cause to which death should be charged statistically.

16. (a) Informant Lillian Weeber
 (b) Address Wadato Mo
 17. (a) Burial (b) Date thereof March 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation City Cemetery Wadato
 18. (a) Signature of funeral director Donnell B. Dick
 (b) Address Wadato Mo
 19. (a) 3-16-40 (b) Leah Donnell
(Date received local registrar) (Registrar's signature)

While at work Chas E. Fallis (Specify type of place) (M. D. or other)
 Means of injury
 23. Signature Chas E. Fallis (M. D. or other)
 Address Wadato Mo Date signed 3/14/40

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. 4104

P. O. Address Depto 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.