

No. 11-11-5-11-1

Registration District No. 79

Primary Registration District No. 4047

State File No. _____

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Sturgeon
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
(c) City or town Sturgeon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

E. Lee Logsdon 235

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 24 - 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>18</u>	hr. min.

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

10. Usual occupation Retired Laborer 9

11. Industry or business _____

MOTHER FATHER { 12. Name unknown ?

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Schneider
(b) Address 5243 Thrush - St. Louis, Mo.

17. (a) Burial (b) Date thereof July 14 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Barney Boothe
(b) Address Sturgeon, Mo.
19. (a) July - 13 - 1940 (b) Barney Boothe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 12
1940, 1940;
that I last saw him alive on July 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Cardiac Failure

Due to _____
Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 2

23. Signature Dr. Joseph H. Jones (M. D. or other) MD
Address Sturgeon Date signed 7/18/40

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

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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 *A. E. Boothe*.....

Licensed Embalmer No. *4087*.....

P. O. Address *Sturgeon, 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.