DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 10 1940 628

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25886

Registration District No. 5330 Primary Registration District No. 5370-5830 Registrar's No. 5316-5630

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.

1. PLACE OF DEATH:

(a) County Nodaway.

(b) ~~City or town~~ Rural Green Township. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3½ Mi. N.E. of Quitman. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway.

(c) City or town Rural. (If outside city or town limits, write "RURAL")

(d) Street No. 3½ Mi. N.E. of Quitman (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME FRANCES LOGAN. 250

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

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

6. (b) Name of husband or wife James Russel Logan. 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Mar. (Month) 22 (Day) 1856. (Year)

8. AGE: Years 84 Months 2 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Rance Pardiau
13. Birthplace Not Known. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Hubbard
15. Birthplace Not Known. (City, town, or county) (State or foreign country)

16. (a) Informant's ~~[illegible]~~ Ralph Logan.
(b) Address Quitman Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Quitman Cemetery

18. (a) Signature of funeral director John Price
(b) Address Maryville Mo.

19. (a) June 4-40 (Date received local registrar) (b) Earl McDonald (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1. year 1940. hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1940, 19__ to June 1, 1940 that I last saw her alive on May 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Nephritis Uremia	
Due to Senility	
Due to 131	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 559 (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature B. Hubbard (M. D. or other) M.D.
Address Burlington Jct Mo Date signed 6/3/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 840-1035
Date Filed AUG 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 John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.