

NOV 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35963

Registration District No. 653

Primary Registration District No. 5871

Registrar's No. 9494

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) ~~City or town~~ Braggadocio (Rural)
(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 2
In this community _____ (Specify whether years, months or days)

8. (a) PRINT FULL NAME Charley Loggins

9. (b) If veteran, name war. _____ (c) Social Security No. _____

4. Sex Male 5. Color or race (Col) 8. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Loggins 8. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Dec. 24 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 20 hr. min.

9. Birthplace Grenada Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Loggins

13. Birthplace Ed. K. van
(City, town, or county) (State or foreign country)

14. Maiden name Saran Amos

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

16. (a) Informant Jim Loggins

(b) Address Braggadocio, Mo.

17. (a) Burial (b) Date thereof Oct. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Havti, Mo.

18. (a) Signature of funeral director J. L. Gerson

(b) Address Steele, Mo.

19. (a) 10/21/40 (b) Pearl Kelley
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Braggadocio, (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th
year 1940 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10/14/40 to 10/14/40
that I last saw him alive on 10/14/40
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to _____

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
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 as follows:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? None
(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)
23. Signature L. Denton (M. D. or other)
Address Braggadocio, Mo.

11-40-18

2002

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.

No. 2B
-2-21-40
P. 13, 18, 35

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35963**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **653**

Primary Registration District No. **5871**

Registrar's No. _____

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

ROWENA MOORE

1. PLACE OF DEATH:

(a) County **Pemisscot**

(b) City or town **Braggadocio T.P.**
(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 _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charley Loggins**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m**

5. Color **col**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years **64** Months **9** Days **20** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Oct** day **14**
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**
Mitral Stenosis

Due to _____ Duration **Don't Know**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **92 W**

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature **L. W. Danton** (M. D. or other) _____

Address **Braggadocio Mo** Date signed _____

SUPPLEMENTAL REPORT

