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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25488

FILED AUG 15 1941 91  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4298

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town TROY  
(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 1 (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN <sup>057</sup>

(c) City or town TROY <sup>0</sup>  
(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.? 0 years.

3. (a) PRINT FULL NAME Rhoda ELLEN LOGAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1  
year 1941 hour 7:15 minute 15 P.M.

4. Sex FEMALE race Wh.

5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife W. B. LOGAN

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased JULY 14 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1937, to June 1, 1941; that I last saw h. E.R. alive on 6-1-41, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75 10 17 hr. min.

Immediate cause of death Chronic nephritis

Due to \_\_\_\_\_

Due to 15/18

Other conditions arterio-sclerosis  
(Include pregnancy within 3 months of death)

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name JAMES HAMMACK

13. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE PALMER

15. Birthplace LINCOLN Co. MISSOURI  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant W. B. Logan

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof June 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Troy Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature J. S. Harris (M. D. or other) D

Address Troy Mo Date signed \_\_\_\_\_

18. (a) Signature of funeral director Wm. B. Logan

(b) Address Troy Mo.

19. (a) June 4-41 (b) Mrs. Pearl Mack  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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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.....

*Joseph J. Marsh*

Licensed Embalmer No. *3932*

P. O. Address..... *Tray, Missoula*

**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, fact should be so stated above.**