No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27799

FILED SEP 10 1941 85

Registration District No. _____ Primary Registration District No. 1001 Registrar's No. 786

1. PLACE OF DEATH:

(a) County Buchannan

(b) City or town St. Joseph. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2416 Michell. (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 4 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchannan

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

(d) Street No. 2416 Michell Ave. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EFFIE LINDA LOGAN.

3. (b) If veteran, name war no

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 William Robert Logan.

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

7. Birth date of deceased Feb (Month) 10. (Day) 1851 (Year)

8. AGE: Years 90 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Wapello Co. (City, town, or county) Iowa. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

FATHER
12. Name Andrew H. Collins.
13. Birthplace — (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Margaret Clark.
15. Birthplace — (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Martin A. Logan.

(b) Address 915 Scott St. St. Joseph Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem. Maryville Mo.

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) 8/4-1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1941 hour 10 minute 50a M.

21. I hereby certify that I attended the deceased from Aug 1. 1941, 19__, to Aug 3 1941, 19__; that I last saw her alive on Aug 3 1941, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	48 hrs
Due to: Diffuse arteriosclerosis	20 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy 0

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature J. S. Ryan (M. D. or other) M.D.

Address St Joseph Mo Date signed 8.4.41

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.