

FILLED OCT 10 1941

State File No.

Registration District No.

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2718 Renick, st.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community Five Years.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2718 Renick St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Rachel Amelia Logan.

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

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

6. (b) Name of husband or wife WAS. A. Logan
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 30th 1854.
 (Month) (Day) (Year)

8. AGE:	Years <u>86</u>	Months <u>9</u>	Days <u>2</u>	If less than one day hr. min.
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9. Birthplace Mercer Co. Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Jacob Coon.

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

14. Maiden name Carolina Bear.

15. Birthplace Mercer Co. Ohio.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Veach Wilson.
 (b) Address 2718 Renick, St.

17. (a) Burial (b) Date thereof 9/3/1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. J. ...
 (b) Address 2985 Mitchel, st.

19. (a) 9-3-1941 (b) J. J. ...
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
 year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 1 1941 to Sept. 2 1941
 that I last saw him alive on Sept. 1 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death:
arteriosclerosis general
arteriosclerotic heart disease
arteriosclerotic kidney disease
 Due to.....
uremia, acute

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations..... 131a
 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) (e) Means of injury.....

23. Signature J. P. Leron, M.D. (M. D. or other) M. D.
 Address St. Joseph, Mo. Date signed 9-3-41

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

MOTHER FATHER

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

J. H. Drury

Licensed Embalmer No. *1946*

P. O. Address.....

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.