No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34401

Registration District No. FILED NOV 14 1945

Primary Registration District No. 1001

Registrar's No. 959

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution: St. Joseph's Hospital, O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12½ Hours, (Specify whether In this community 50 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

(d) Street No. 1906 North 22nd Street, (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Caroline Sheridan Logan

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John S. Logan,

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

7. Birth date of deceased August 4, 1875 (Month) (Day) (Year)

8. AGE: Years 66 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Sanbuma, Ventura, California (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name John J. Sheridan,
13. Birthplace Rushville, O Missouri, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Ashton,
15. Birthplace Saint Joseph, O Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Byrne Logan

(b) Address 1906 North 22nd Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 6 41 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery

18. (a) Signature of funeral director Heaton-McGale & Bowman Funeral

(b) Address 319 S. 10th. Street, Home

19. (a) 10-4-1941 (Date received local registrar) (b) W. J. Hollebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd. year 1941 hour 5:00 minute 45 a.M.

21. I hereby certify that I attended the deceased from Oct 1st 1941 to Oct 3 1941; that I last saw her alive on Oct 3rd 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to hypertension.	4 years
Due to —	
Other conditions pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy -

83a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John R. Forgrove (M. D. or other) M.D.

Address 131 Forum St. Date signed 10-3-41

ST. JOSEPH

(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 10-3-

; Registered Apprentice No.

working under my personal supervision.

Signed Wm E Summerfield

Licensed Embalmer No. 3097

P. O. Address 319 So 10th St Jos

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

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