No. 2
-1-4-41
3-17-39
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. 39045

FILED NOV 28 1941

Registration District No. 6608 Primary Registration District No. 3032 Registrar's No. 337

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1014 S. Ky
(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: 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 1014 S. Kentucky
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ray Logan
3. (b) If veteran, name war: ✓
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ada Logan
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: July (Month) 19 (Day) 1887 (Year)
8. AGE: Years 54 Months 3 Days 25 If less than one day ..... hr. ..... min.
9. Birthplace: Jasper Springs Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: Charles Logan
FATHER 13. Birthplace: ✓ (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name: Ella Williams
MOTHER 15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ray Logan
(b) Address: 1014 S. Kentucky
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Cem
18. (a) Signature of funeral director: Campbell-Lane
(b) Address: Marshall Mo.
19. (a) 11/15/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1941 hour 5:00 minute P M.
21. I hereby certify that I attended the deceased from 39 to Nov 14 1941; that I last saw h. alive on Nov 14 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myasthenia Gravis	12 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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: A. L. Walter (M. D. or other) MD
Address: Sedalia Mo Date signed 11-14-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District Clerk
Date Filed 11-24-41

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 Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.