

FILED APR 17 1942

Registration District No.

Primary Registration District No. 1

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution Hospital
In this community 16 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 001
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL") 3
(d) Street No. 607 N. Green
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Mary E. Logston

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Preston Logston 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 20, 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Schuyler Co., No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.

MOTHER FATHER { 12. Name Robert Boler
13. Birthplace KV
(City, town, or county) (State or foreign country)
14. Maiden name Mary Winkler
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Kitty Cross
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 3/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Bee Riley

(b) Address Kirksville, Mo.

19. (a) April 1, 1942 Mrs. J. L. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 1 minute 7 P.M.

21. I hereby certify that I attended the deceased from Mar 4th 1942 to Mar 20 1942
that I last saw her alive on Mar 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thombosis. Duration 5. Min

Due to.....

Due to.....

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: None. PHYSICIAN

Of autopsy None

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) (Specify type of place) (Specify type of place)
23. Signature Bee Riley (M. D. or other) 3/20/42
Address Kirksville, Mo. Date signed

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

01
63

1047

RECEIVED

District Health Officer No. 10

District File Number 4-10-793

Date Filed APR 15 1942

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 D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Hicksville MD

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.