

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Harvilae Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 miles E. of Doniphan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Harvilae
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

1200

3. (a) PRINT FULL NAME

Oza L. Logsdon

3. (b) If veteran, name war

3. (c) Social Security No.

495-16-1808

4. Sex Male

5. Color or race

white

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

6. (b) Name of husband or wife

Mrs. Nellie Logsdon

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

_____ years

7. Birth date of deceased

March

26

1889

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

53

3

21

hr.

min.

9. Birthplace

Waynes Co. Ky.
(City, town, or county)

1
(State or foreign country)

10. Usual occupation

R. E. A.

11. Industry or business

MOTHER FATHER

12. Name Joseph Logsdon

13. Birthplace Hart Co. Ky.
(City, town, or county)

1
(State or foreign country)

14. Maiden name Louise Sturgeon

15. Birthplace Hart Co. Ky.
(City, town, or county)

1
(State or foreign country)

16. (a) Informant

Nellie Logsdon

(b) Address

Harvilae, Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

7-21-42
(Month) (Day) (Year)

(c) Place: burial or cremation

Dunnington Cem.

18. (a) Signature of funeral director

Minnie Fish

(b) Address

Naylor, Mo

19. (a) Aug 1-42

(Date received local registrar)

(b) Bertha White

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1942 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7-17-42 to _____, 1942

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture in left side of head in which a rib penetrated due to car jumping into deep ditch turning it over.
Due to _____
Due to _____

Duration

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations _____

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) Accident 0.91
(b) Date of occurrence 7-17-42
(c) Where did injury occur? Ripley, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rubber highway
While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. C. Adamson (Colonel)
Address Doniphan, Mo. Date signed 7-19-42

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

RECEIVED

District Health Officer No 5,

District File Number

742482

Date Filed

8-6-49

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

S. C. Mc Cord

Licensed Embalmer No.

4079

P. O. Address

aylor, mo

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.