. S. No. 2
1—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26627

Registration District No. 18 Primary Registration District No. 5086 Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Homer twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7 0
(c) City or town Rural 0
(If outside city or town limits write "RURAL")
(d) Street No. 1 Mile East Amoret
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Logan T. DeHaven
8. (b) If veteran, name war Spanish-American
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lodisca Irene DeHaven
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July (Month) 5 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	1	12	hr. min.

9. Birthplace Sweet Springs (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Jame DeHaven
13. Birthplace Kingston (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Florinda Farrell
15. Birthplace Unk (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant Lodisca Irene DeHaven
(b) Address Amoret Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Sprgs Mo. Fairview C
18. (a) Signature of funeral director Archer & Mangold
(b) Address Amsterdam Mo
19. (a) Aug. 19, 1942 (Date received local registrar) (b) Mrs. J. P. Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th year 1942 hour 12 minute 30 p M.
21. I hereby certify that I attended the deceased from July 5th, 1942, to August 17, 1942; that I last saw him alive on August 17th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	6 mo
Hypertension probably	2 yrs
Due to Nephritis chr.	
Anemia so	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 p

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 David E. Green M.D. (M.D. or other)
Address Pleasanton Kan Date signed 18 Aug '42

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1942

OCT 6-1942

OCT 5-1942

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 L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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, above space should be left blank.