

V. S. No. 2
50M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10989**

FILED APR 14 1943
Registration District No. **251**

Primary Registration District No. **5851**

Registrar's No. **46**

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

1. PLACE OF DEATH:

(a) County **Nodaway**

(b) City or town **Quitman (Rural) Green township**
(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 **60 years** (Specify whether years, months or days)

In this community **60 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**

(c) City or town **Quitman (Rural)**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 1/2 miles east**
(If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **Cora Belle Logan**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife **John A. Logan**

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

7. Birth date of deceased **Sept 24 1885**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	6	6	hr. min.

9. Birthplace **Terre Haute Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **Allan R. Huff**

12. Name **unknown**

13. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Isabelle Cunningham**

15. Birthplace **unknown W. Vir.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Blaine Logan**

(b) Address **Quitman Mo.**

17. (a) **burial** (b) Date thereof **Apr. 1. 1943**
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **1. O. O. R. Cemetery Quitman Mo**

18. (a) Signature of funeral director **Paul H. Hume**

(b) Address **Maryville Mo**

19. (a) **4-1-43** (b) **Mary Cole**
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **30th** 19**43**
year **1943** hour **2** minute **30-0** M.

21. I hereby certify that I attended the deceased from **Mar 15th 1943** to **Mar 30th 1943**
that I last saw her alive on **Mar 20th 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**

Due to **Cerebral vascular disease of heart**

Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? (City or town) (County) (State) **None**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

While at work? (Specify type of place) (2) Means of injury **None**

23. Signature **L. E. Dean** (M. D. or other) **M.D.**

Address **Maryville Mo** Date signed **4-1-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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... *Wm L Gee*

Licensed Embalmer No. *2539*

P. O. Address... *Marionville 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.