7. S. No. 2
00M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

Registration District No. 949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

20558

State File No.

Registrar's No. 2632

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4139 Waddell
(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: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 4139 Waddell
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country

48
3
8

3. (a) PRINT FULL NAME: MR. LOGAN PERSINGER

3. (b) If veteran, name war: No

3. (c) Social Security No. 493-12-7889

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Elizabeth

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

7. Birth date of deceased: August 9, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	9	29	hr. min.

9. Birthplace: Sweetsprings, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Warehouse Manager

11. Industry or business: Stewart Sand Company

FATHER
12. Name: August O. Persinger
13. Birthplace: (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Mary Hicklin
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. J. C. Neal
(b) Address: 4004 South Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Quirk & Polin Co.
(b) Address: 20 West Linwood, K.C., Mo.

19. (a) 6-10-43 (Date received local registrar) (b) T. C. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1943 hour 11: minute 10 P.M.

21. I hereby certify that I attended the deceased from April 3, 1943, to June 8, 1943; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Liver and Intestinal Obstruction

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: none

Of autopsy: none

Duration: a few hours

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: E. J. E. Evans (M. D. or other)

Address: 911 Waddell Bldg. Date signed: 6-9-43

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Quick

Licensed Embalmer No. 3774

P. O. Address K C 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.