. S. No. 2
00M—2-43
5-17-39
X3589

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 [redacted]

Registration District No. 260

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 26381

Registrar's No. 117

108
0
0

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada Wash twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3
(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: 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stone
(c) City or town: Hurley
(If outside city or town limits, write "RURAL")
(d) Street No.: Maple St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: VIOLA-LOGAN
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Loren Allen Logan
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: Dec (Month) 21 (Day), 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	6	— hr. — min.

9. Birthplace: Marshfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: formerly Housewife
11. Industry or business: none
FATHER
12. Name: S. R. Strafford
13. Birthplace: unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name: Eliz Ann Turner
15. Birthplace: near Roan Mt. (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Kenneth Logan
(b) Address: Hurley Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 30-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Marionville
18. (a) Signature of funeral director: T. W. Maples
(b) Address: Cleney Mo.
19. (a) 7-27-43 (Date received local registrar) (b) Hazel B Beurick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 14, 1943, to July 27, 1943, that I last saw her alive on July 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration
Due to:
Due to:
Other conditions: Paralysis cerebral arteriosclerosis, general arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none. 93d

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(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: Paul L. Barone (M. D. or other)
Address: State Hosp No 3 Date signed: July 27 1943

(53) (Licensed Embalmer's Statement on Reverse Side) Nevada Mo

RECEIVED
District Health Officer No. 7
District File Number 7-43-834
Date Filed 8-7-43

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 J. W. Mapler

Licensed Embalmer No. 2985

P. O. Address Plevna, Missouri

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.