

S. No. 2
M-5-42
7-5-17-39
P1 X328

32429

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1943

Registration District No. 16

Primary Registration District No. 461

Registrar's No. 34

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bismarck
(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 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bismarck (If outside city or town limits, write "RURAL.")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Ora Logsden

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 married

6. (b) Name of husband or wife Harrison Logsden 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December 30 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 23 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Abraham Lafferty

13. Birthplace (City, town, or county) (State or foreign country) Missouri

14. Maiden name Helen Kenney

15. Birthplace (City, town, or county) (State or foreign country) Missouri

16. (a) Informant Mrs. Paul E. Birdnow

(b) Address Bismarck Missouri

17. (a) burial (b) Date thereof 9-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Missouri

18. (a) Signature of funeral director White & Hill

(b) Address Local White Bismarck Missouri

19. (a) Sept 27-1943 (b) Sydney Burkmeister
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 15
1943 to Sept 23 1943
that I last saw her alive on Sept 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Senility

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

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Jas W. Duffner (M. D. or other) B. Bismarck
Address B. Bismarck Date signed 9/24/43

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

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

1196

RECEIVED

District Health Officer No. 4
District File Number 1043-2758
Date Filed 10-5-43

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 C. J. Hill
Licensed Embalmer No. 1857
P. O. Address Birmingham

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.