

5-43
-17-39
X36671

FILED FEB 3 1944
Registration District No. 149

Primary Registration District No. 1002

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

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:
3829 Baltimore Ave.
(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 15 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 3928 Baltimore Ave.
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Parish Logan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Logan

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

7. Birth date of deceased April 24 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Painter

MOTHER FATHER

12. Name Don't Know

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fessendon

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Leonard

(b) Address 1200 W. 71st Terrace, Kansas City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 - 18 - 44
(Month) (Day) (Year)

(c) Place: burial or cremation Momence, Ill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) Jan 18, 1944 (Date received local registrar) (b) J E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 1-17-44
year _____ hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept, 1939, to Nov. 10, 1943
that I last saw him alive on Nov. 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

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

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? _____

23. Signature Chas. H. Nayffell (M. D. or other) 0
While at work? _____ (Specify type of place) (e) Means of injury _____
Address 231 W. 47th St. Kansas City Date signed 1/18/44

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..... *Elmer C. Medlin*.....

Licensed Embalmer No. *3495*.....

P. O. Address *J. 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.