

S. No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 16 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6532**

Registration District No. **39** Primary Registration District No. **2206 0120** Registrar's No. **25**

1. PLACE OF DEATH: **Boone**  
(a) County **Boone**  
(b) City or town **Rural, Columbia**  
(c) Name of hospital or institution: **R. F. D. Columbia 1**  
(d) Length of stay: In hospital or institution **68 years**  
In this community **68 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Boone**  
(c) City or town **Columbia, Rural**  
(d) Street No. **R. F. D. Columbia**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **LEONARD LOGAN**

3. (b) If veteran, name war: **---** 3. (c) Social Security No. **---**

4. Sex **Male** 5. Color or race **2 Negro** 6. (a) Single, widowed, married, divorced **2 widow**

6. (b) Name of husband or wife **Mary Logan** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **3-16-1875**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **21** If less than one day hr. min.

9. Birthplace **Boone Co. Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **unknown**

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

14. Maiden name **unknown** 9

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

16. (a) Informant **David Logan**  
(b) Address **Centralia Mo.**

17. (a) **Burial** (b) Date thereof **1-15-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stephens Store Mo.**  
(d) Signature of general director **Frank Parker**  
(e) Address **Columbia Missouri**

19. (a) **2 2 44** (b) **Edna H. Barber**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Jan** day **7** year **1944** hour **10:30** minute **---** M.

21. I hereby certify that I attended the deceased from **11/7/44** to **11/7/44** 19 **44**  
that I last saw him alive on **11/7/44** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **2 days**

Due to **---**

Due to **---**

Other conditions **Influenza** 5 days  
(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? **---**

While at work? (Specify type of place) (A Means of injury) **---**  
23. Signature **D. S. Dangle** (M. D. or other) **---**  
Address **400 Park, Columbia** Date signed **11/7/44**

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

**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

*Edward J. Parker*

Licensed Embalmer No.

*2900*

P. O. Address

*Columbia 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.**