

3. No. 2
A-5-43
5-17-39
I X36671

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8047**
Registrar's No. **26**

FILED MAR 10 1944
Registration District No. **291**

Primary Registration District No. **5991**

86
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **PATNAM**

(b) City or town **RURAL LIBERTY TWP**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
LIVONIA, MO. #11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **LIFE** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **PATNAM**

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

(d) Street No. **LIVONIA, MO. #11**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CLARENCE ALBERT LOGSDON**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **16**
year **1944** hour **1** minute **35 P.**

21. I hereby certify that I attended the deceased from **Sept 1943** to **Feb 16 1944**
that I last saw **in** alive on **7-24-43** and that death occurred on the date and hour stated above. **1944**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife **GOLDA GARRINGER**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **APRIL 25 1894**
(Month) (Day) (Year)

Immediate cause of death **Cardiovascular disease**

Due to **Diabetic Mellitus**

Other conditions (Include pregnancy within 3 months of death) **61**

8. AGE: Years **49** Months **9** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **PATNAM CO. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name **ELIZA LOGSDON**

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

14. Maiden name **MARTHA CARSON**

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

16. (a) Informant **Golda Logsdon**

(b) Address **Livonia, Mo.**

17. (a) **BURIAL** (b) Date thereof **2-19-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUMMERS CEM.**

18. (a) Signature of funeral director **W. J. Quast**

(b) Address **Waverly, Mo.**

19. (a) **7/4/44** (b) **C. C. [Signature]**
(Date received local registrar) (Signature)

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 **0**

23. Signature **P. Hart** (M. D. _____)
Address **Coatesville, Mo.** Date signed **2-19-44**

RECEIVED
District Health Officer No. 10
District File Number 3-44-556
Date Filed MAR 9 1944

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.....

F. O. Hursted

Licensed Embalmer No.....

2975

P. O. Address.....

Unionville, W.

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.