No. 2
5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1944

Registration District No. 329

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6091

State File No. 12270

Registrar's No.

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town RURAL SALT POND TWP
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE 77

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Mi NORTH WEST SWEET SPRINGS MO
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country Germany 1

3. (a) PRINT FULL NAME LOTTIE LOGES

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE 1

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife AUGUST LOGES

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

7. Birth date of deceased MARCH (Month) 12 (Day) 1869 (Year)

8. AGE: Years 75 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace MORGAN COUNTY MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED HOUSEWIFE

11. Industry or business

FATHER
12. Name AUGUST BAUER
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MINNIE MONSTERMANN
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant EMMA KREISLER

(b) Address FT LENOARD WOOD MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 21 1944 (Month) (Day) (Year)

(c) Place: burial or cremation EVANGELICAL CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) March 21-44 (Date received local registrar) (b) Mrs. E. G. Mueller dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18
year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from March 10, 1944 to March 18, 1944
that I last saw her alive on March 14, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	8 da
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

83 b

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A H Ringen (M. D. ~~or other~~)

Address Sweet Springs Date signed 3-18-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Pingen
S.S. Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-4-44

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.