S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14911

State File No.

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 13th Range Line; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 24 yrs;
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 13th Range Line;
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Mary S. Logue

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem. /

5. Color or race white

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

6. (b) Name of husband or wife E.S. Logue

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

7. Birth date of deceased Nov. 30, 1853 (Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation retired housewife

11. Industry or business

FATHER
12. Name Shadwick C. Long
13. Birthplace Mass; / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Finley
15. Birthplace Tenn; / (City, town, or county) (State or foreign country)

16. (a) Informant W. E. Logue
(b) Address Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mem. Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) Apr. 26, 1944 (Date received local registrar) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 24 day 1944
year hour 1-00 A.M. minute M.

21. I hereby certify that I attended the deceased from 4/20 1944 to 4/21 1944
that I last saw her alive on 4/21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Fatigue -

Due to Asthma

Due to Senility -

Other conditions Asthma-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
Of autopsy

Duration

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 R M Jaines (M. D. or other)
Address Joplin, Mo Date signed 4/26-44

1180 (Licensed Embalmer's Statement on Reverse Side)

44-4-356

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 Perry K. Hurlbut.

Licensed Embalmer No. 959

P. O. Address Joplin 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.