

Registration District No. 164

Primary Registration District No. 2022

State File No. \_\_\_\_\_

Registrar's No. 70

**1. PLACE OF DEATH:**  
 (a) County Johnson  
 (b) City or town Warrensburg  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Warrensburg Clinic  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 38 days  
 In this community 28 days (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Johnson  
 (c) City or town Knob Noster  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** LOGAN Sidney Davis  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 18 year 1944 hour 8 minute 0 A. M.  
 21. I hereby certify that I attended the deceased from Oct 1 1943 to June 18 1944  
 that I last saw him alive on June 17 1944  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced, unwed  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive deceased years  
 7. Birth date of deceased: March 31 1854  
 (Month) (Day) (Year)

Immediate cause of death:  
Cerebral arteriosclerosis  
Sclerosis of coronary arteries  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration  
6 mo.  
1 yr.

**8. AGE:** Years 90 Months 2 Days 17  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marion County Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

**11. Industry or business**  
 { **12. Name** unknown  
 { **13. Birthplace** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
 { **14. Maiden name** unknown  
 { **15. Birthplace** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Perry Davis  
 (b) Address Knob Noster Mo.

17. (a) Burial (b) Date thereof 6-20-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation City Center Methodist Ch.

18. (a) Signature of funeral director C. J. Saults  
 (b) Address Knob Noster Mo.

19. (a) June 20, 1944 (b) Leola M. Williams  
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 94a  
**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. H. Cooper (M. D. or other) MD  
 Address Warrensburg Mo. Date signed 6-20-44

1001

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

21  
22

JUN 30 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.....

*C. L. Saults*

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

working under my personal supervision.

Signed.....

*C. L. Saults*

Licensed Embalmer No. ....

*10886*

P. O. Address.....

*Knob Noster Me*

**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.**