

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

27202

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 14 1944

Registration District No. 28

Primary Registration District No. 3006

Registrar's No. 216

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 202 N. 2nd St 1  
(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 MO (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No 202 N 2nd St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ruby Ann Logan

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

4. Sex F. 5. Color or race Colored 6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~.....

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

7. Birth date of deceased 8. 15 44  
(Month) (Day) (Year)

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

9. Birthplace Boone Columbia MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Dolly Logan

13. Birthplace Boone Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Turner

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

16. (a) Informant Dolly Logan

(b) Address 202 N 2nd St

17. (a) Burial (b) Date thereof 8. 30 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Log Residence

18. (a) Signature of funeral director A. C. Freeman

(b) Address 605 Park Ave Columbia

19. (a) 8-30-1944 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28  
year 1944 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from birth  
May 18 1944 to Aug 28 1944  
that I last saw her alive on Aug 25  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of the Naval Duration 10 hrs  
Green antrax

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

1600

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 Stephen D. Smith (M. D. or other) 8/30  
Address Columbia Date signed.....

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 9-13-44

**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 A. C. Freeman  
Licensed Embalmer No. 2837  
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.**