

FILED MAR 9 1945

State File No. _____

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warrenton
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren

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

(d) Street No. Near Bristol Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Margaret Anne Logan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1945 hour 10 minute 15 A.M.

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

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

7. Birth date of deceased March 18 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 29, 1944 to Jan. 21, 1945; that I last saw her alive on Jan. 21, 1945; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Coronary thrombosis Duration 4 days

9. Birthplace St Charles Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Due to _____

Due to _____

11. Industry or business _____

12. Name Robert Napoleon Bishop

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

14. Maiden name Martha Young

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

Other conditions Arteriosclerosis complicated by hemorrhage 5 years
(Include pregnancy within 3 months of death)

16. (a) Informant Floyd Logan

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof Jan 23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem.

Major findings: Serivility

Of operations _____

Of autopsy _____

18. (a) Signature of funeral director Wright City Mo

(b) Address Wright City Mo

19. (a) Jan 22 1945 (b) John A. Behrmyer
(Date received local registrar) (Registrar's 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)

Means of injury 5

23. Signature John A. Behrmyer (M. D. or other) _____

Address Warrenton, Mo. Date signed Jan 22 1945

1264

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 3-8-45

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, Julius J. Nieburg, Registered Apprentice No. 3, working under my personal supervision.

Signed Julius J. Nieburg
Licensed Embalmer No. 3366
P. O. Address Wright City 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.