

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16447

State File No.
Registrar's No. 132

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
325 South 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 4 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 325 South 11th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jessie Logan
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28
year 1945 hour 3 minute 50 A. M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, married
(b) Name of husband or wife: Marion Joseph Logan
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 15 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1945 to April 27 1945
that I last saw him alive on April 27 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 10 13 hr. min.

Immediate cause of death.....
Pulmonary Tuberculosis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
affected A. Rowe

9. Birthplace Paducah Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Marion Joseph Logan
(b) Address Poplar Bluff, Missouri
17. (a) Burial (b) Date thereof April 30 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery Greer Croy & Fitch
18. (a) Signature of funeral director Poplar Bluff, Missouri
(b) Address 5-2-45
19. (a) 5-2-45 (b) Belle Kinnear
(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) no
(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 "
23. Signature Affect A. Rowe MD (M. D. or other)
Address Poplar Bluff, Mo Date signed.....

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number

545-728

Date Filed

5-11-45

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, or by.....

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

working under my personal supervision.

Signed

Walter N. Fitch

Licensed Embalmer No. *3859*

P. O. Address

Poplar Bluff, 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.