

Registration District No. 227

Primary Registration District No. 5957

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Harrison Indiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 imp
(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 Pike
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

LOGAN MAIDEN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Sally Maiden 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: June 12 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>34</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Jack Maiden

13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sally Pritchett

15. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Logan Maiden

(b) Address Courtsville Mo

17. (a) Buried (b) Date thereof 9 18 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Church Mo

18. (a) Signature of funeral director James Branch

(b) Address Bowling Green Mo

19. (a) me-20-43 (b) Mrs Frank Gordon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16
year 1945 hour 4:30 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 1940, to 8/15/45, 1945;
that I last saw him alive on 8/15/45, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 10 days
Due to Arterio Sclerosis 4 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None Of autopsy _____
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? _____ (b) Means of injury _____
23. Signature J. M. Mathews (M. D. or other) 2
Address Bowling Green Mo Date signed 8/18/45

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

RECEIVED

District Health Officer No. 10

District File Number 9-45-1372

Date Filed SEP 5 1945

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 Grace Bantred

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. Sept
46Registration District No. 277Primary Registration District No. 5951Registrar's No. 46

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Farmer Indian
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sept
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days)

3. (a) PRINT FULL NAME

Logan maiden

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased June 12 (Month) (Day) (Year)8. AGE: Years 74 Months 2 Days _____ (If less than one day) hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike
 (c) City or town (Farmer, Rural) (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

1945
S-28198