

FILED OCT 19 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 68

Primary Registration District No. 4119

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Christian Mo.
(b) City or town Ozark Mo.
(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 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian Mo.
(c) City or town Ozark Mo.
(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

E. Huey Logan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1945 hour 4 minute 10 P.

21. I hereby certify that I attended the deceased from May 2 1945 to Aug 30 1945
that I last saw him alive on Aug 30 1945
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mabel Logan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 14 1876
(Month) (Day) (Year)

Immediate cause of death Valvular Heart Disease

8. AGE: Years 68 Months 8 Days 16 If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

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

10. Usual occupation Insurance

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name George W. Logan

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

14. Maiden name Elizabeth

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

16. (a) Informant M. R. Logan

(b) Address Ozark Mo.

17. (a) Buried (b) Date thereof Sept 2, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Cemetery

18. (a) Signature of funeral director W. B. Chaffin

(b) Address Ozark Mo.

19. (a) Oct 15, 1945 (b) Dorinda M. Leonard
(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) (e) Means of injury _____

23. Signature J. H. Trade (M. D. _____)

Address Ozark Mo. Date signed 10/10/45

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

2
0
0

RECEIVED

District Health Officer No. 6,

District File Number 1045-1047

Date Filed OCT 16 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.