

No. 2  
-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40839**

**FILED** **DEC 29 1945**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3011**

Registrar's No. **38**

1. PLACE OF DEATH:

(a) County **Carroll**  
(b) City or town **Carrollton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Bales Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 Days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll** **17**  
(c) City or town **DeWitt** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Rebecca Logan**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Wm. Logan** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 4 1868**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name **John W. Miller**  
13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Ann Hamacher**  
15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. B.M. Drace**  
(b) Address **Keytesville, Mo.**

17. (a) **Burial** (b) Date thereof **12/9/1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evergreen Cemetery**

18. (a) Signature of funeral director **Marshall Funeral Home**  
(b) Address **Carrollton, Mo.**

19. (a) **12-8-45** (b) **Mrs. Hubert Calvert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **7th**  
year **1945** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **12-2-45**  
**12-7**, 1945, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on **12-7**, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Sauclth**  
Due to **Arteriosclerosis** **10 yrs**

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Hubert Calvert** (M. D. or other) **Hubert**  
Address **Carrollton, Mo.** Date signed **12-5-45**

Duration **4 yrs**  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 12-21-45

DEC 27 1954

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 John A. Cantlon  
Licensed Embalmer No. 4387  
P. O. Address Carrollton, 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.