

FILED APR 11 1946
Registration District No. 316

Primary Registration District No. 6075

State File No. _____

Registrar's No. 107

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JEREMIAH (JERRY) JOSEPH LOGSDON

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None own

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodocia Sanders 6. (c) Age of husband or wife if alive 75 yrs. years
7. Birth date of deceased November 25, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>29</u>	hr. _____ min.

9. Birthplace Hart County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation None for last 13 years.
Attendant at State Hospt. No. 4- 13 yrs.

11. Industry or business _____

12. Name William Jasper Logsdon

13. Birthplace Hart County, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Dawson

15. Birthplace Hart County, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 3-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem., Farmington, MO.

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Missouri

19. (a) 3/26/46 (b) Ether R. Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. 718 Cayce
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1946 hour 1 minute 35 A. M.

21. I hereby certify that I attended the deceased from January 6, 1946, 19____, to March 24, 1946, 19____; that I last saw him alive on March 20, 1946, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions go.
(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy No 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? _____

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

23. Signature Frank J. Nichols (M. D.)

Address Farmington, Mo. Date signed 3-25-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Application No. 4
Licenses No. 4
File Number 446-1999
Date Filed 4-10-46

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..... *Ch Cozear*

Licensed Embalmer No. *4084*

P. O. Address *Farmington, 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.