

S. No. 2  
M-5-43  
5-17-39  
I X35671

FILED MAY 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. 12184

Registration District No. 38

Primary Registration District No. 2006

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
205 Park Ave 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 67 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone <sup>10</sup>

(c) City or town Columbia <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 205 Park Ave <sup>4</sup>  
(If rural, give location)

(e) Citizen of foreign country? No <sup>0</sup> (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MATTIE LOGAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negr.

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife James E. Logan

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 9-30-1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>24</u>	hr. min.

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

10. Usual occupation at home

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

MOTHER FATHER { 12. Name William Doyle <sup>9</sup>

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

{ 14. Maiden name Mrs. Susan Ellis

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

16. (a) Informant Belle Slater

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 4-30-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Log Providence Mo.

18. (a) Signature of funeral director Stuart Parker

(b) Address Columbia Missouri

19. (a) May 1 - 1946 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27  
year 1946 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Apr. 1 1946 to Apr. 27 1946  
that I last saw her alive on Apr. 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Duration

PHYSICIAN

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

Of autopsy 930

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 H. M. Griffith (M. D. or other)

Address Columbia Mo Date signed May 1 1946

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-4-46

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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

*Stuart P. Parker*

Licensed Embalmer No

*2900*

P. O. Address

*Columbia 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.