

FILED AUG 1 1946

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville, 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 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Waynesville
(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 Trea Logan

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Bales Logan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 9 1885

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1946 hour 11:30 minute P M.
21. I hereby certify that I attended the deceased from July 5 to July 7, 1946
that I last saw him alive on July 7 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion by Thrombosis. Duration _____

8. AGE: Years 61 Months _____ Days 28 If less than one day _____ hr. _____ min.

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

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business Construction
12. Name W. C. Logan
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)
14. Maiden name Sarah Hinton
15. Birthplace Montgomery Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant John Bales
(b) Address Waynesville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Gospel Ridge Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Waynesville, Mo.
19. (a) 7/10/46 (Date received local registrar) (b) Louise B. McClintock (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 R. O. Dewey (M. D. or other) _____
Address Waynesville, Mo. Date signed 7-10-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Paul B. Hoops

Licensed Embalmer No. *3261*

P. O. Address *Crocker, Me*

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: