V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

35072

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36250

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 390

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7Y-3M-9d (Specify whether

In this community 7Y-3M-9d years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles 14

(c) City or town St. Charles 1 (If outside city or town limits, write "RURAL")

(d) Street No. 327 Tecumseh St 2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Logan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race N

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 4 (Day) 1865 (Year)

8. AGE: Years 81 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Macon, Miss 1 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Wm Logan
13. Birthplace Mobile, Ala. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Smith
15. Birthplace So. Carolina 1 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Fulton, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/30/46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, St Charles Mo.

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 7 W 6th St. Fulton, Mo

19. (a) 11-30 1946 (Date received local registrar) (b) Josie Moisenkluff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 30 year 1946 hour 12 80 minute P. M.

21. I hereby certify that I attended the deceased from 10-15, 1946 to 11-30, 1946 that I last saw him alive on 11-29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Passive pulmonary congestion with broncho-pneumonia

Due to surgical removal L Legatkneedue to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Caldwell (M. D. or other) MD

Address Fulton Mo Date signed 11/30/46

38 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-10-46

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 Virgil C. Browning

Licensed Embalmer No. 27 24

P. O. Address Fulton 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.