

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41579**
Registrar's No. **464**

Registration District No. **274** Primary Registration District No. **3052**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Sedalia**
(c) Name of hospital or institution: **130 C 24th St**
(d) Length of stay: **In hospital or institution**
In this community **1 1/2 yrs**

3. (a) PRINT FULL NAME **Mollie M Logan**
3. (b) If veteran, name war
3. (c) Social Security No. **LOGAN**

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **James**
6. (c) Age of husband or wife if alive **17** years
7. Birth date of deceased: **2 17 1897**

8. AGE: Years **49** Months **9** Days **26**
If less than one day hr. min.

9. Birthplace **Henry Co Mo**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **unknown**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace **unknown**

16. (a) Informant **Miss Alwood Thompson**
(b) Address **2807 S. Kentucky, Sedalia Mo**

17. (a) **burial** (b) Date thereof **12 15 46**
(c) Place: burial or cremation **Logan Cemetery**

18. (a) Signature of funeral director **Ed Wellman**
(b) Address **Clinton Mo**

19. (a) **12-13-46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Henry**
(c) City or town **Sedalia**
(d) Street No. **10 N. C. of Clinton**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **13**
year **1946** hour **4** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **12-12**
1946 to 12-13 1946
that I last saw her alive on **12-13**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial regeneration**
Due to **Senility**

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **930**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **W. E. Bess, M.D.**
Address **Sedalia Mo**
Date signed **12-13-1946**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-21-46

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 Fred W. Keenan

Licensed Embalmer No. 2478

P. O. Address Clinton

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.