

FILED MAR 26 1947

Registration District No. _____

Primary Registration District No. 6093

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 17 yrs.
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town St. Louis
(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 Sara Marguerite Logan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F! 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Oct 23 1923
(Month) (Day) (Year)

8. AGE: Years 23 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name H. A. Logan

13. Birthplace Uniontown (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Anna Stillwell

15. Birthplace Alabama (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Records Mo. State School

(b) Address Marshall Mo.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 3/26/47
(Month) (Day) (Year)

(c) Place: burial or cremation White Grove, Mo.

18. (a) Signature of funeral director J. S. James

(b) Address 225 S. 1st St. Marshall, Mo.

19. (a) Feb 25 - 1947 (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1947 hour 1 PM minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1 1947 to Feb 26 1947
that I last saw her alive on Feb 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis mongoloid

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1. B

Of 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) _____ (e) Means of injury 0

23. Signature K. S. James M.D. (M. D. or other) _____
Address Marshall, Mo. Date signed Feb 26

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-26-47

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 J. Leslie Sussney

Licensed Embalmer No. 2235

P. O. Address Marshall St

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.