V. S. No. 2
.00M—5-43
Rev. 5-17-39
I X36671

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

48
0
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17737

Registration District No. 150 Primary Registration District No. ~~5574~~ 4241 Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Oak Grovety
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Tarsney Lake, Oak Grove Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Oak Grove
(If outside city or town limits, write "RURAL")
(d) Street No. Tarsney Lake
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. BRIDGET AGNES LOGAN

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas P Logan
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. 25 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	7	..... hr. ..... min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Daniel O'Callahan
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Peggy Griffith
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
16. (a) Informant William E. Mayer
(b) Address Tarsney Lake, OakGrove Mo
17. (a) Burial (b) Date thereof June 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cemetery
18. (a) Signature of funeral director Murk and Dobie
(b) Address 20 W. Linwood
19. (a) 6-6-47 (b) Donald C. Eamshaw
(Date received local registrar) (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1947 hour 3 PM minute 0 P M.
21. I hereby certify that I attended the deceased from 4-10, 1947, to June 2, 1947
that I last saw her alive on May 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arterial sclerotic cardio vascular disease

Due to

Other conditions Fracture left femur
(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) Fall at home on 4-10-47
(b) Date of occurrence April 10-47
(c) Where did injury occur? Home (Tarsney Lake Mo 48
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About home
(Specify type of place)
While at work? (e) Means of injury accidental fall
23. Signature M. R. Boyd (M. D. or other)
Address Blue Springs, Mo Date signed 6-2-47

(Licensed Embalmer's Statement on Reverse Side)

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 Maude Adair

Licensed Embalmer No. 4016

P. O. Address 20 W Linwood

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.