No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27791

FILED SEP 2 1947

Registration District No. 79

Primary Registration District No. 1002

Registrar's No. 3593

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MENORA H HOSPITAL O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 WEEKS (Specify whether years, months or days)
In this community: 12 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 4 EAST 65 TERRACE 8 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. CARRIE B. LOGAN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: MERRITT M. LOGAN
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: JANUARY (Month) 9 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	7	12	hr. min.

9. Birthplace: HENDERSON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: NONE
11. Industry or business: AT HOME
MOTHER FATHER
12. Name: THOMAS BENTON HORN
13. Birthplace: (City, town, or county) unknown (State or foreign country)
14. Maiden name: MELLISSA JANE GRAVES
15. Birthplace: (City, town, or county) unknown (State or foreign country)
16. (a) Informant: MRS. EVERETT E. ELLIS
(b) Address: 4 EAST 65th STREET K.C., MO
17. (a) Burial, cremation, or removal: REMOVAL (b) Date thereof: (Month) AUG. (Day) 21 (Year) 1947
(c) Place: burial or cremation: SPRINGFIELD, MO.
18. (a) Signature of funeral director: D. W. Newcomer & Sons
(b) Address: 1401 Brush Creek Blvd. KC. Mo
19. (a) (Date received local registrar) 8-21-47 (Registrar's signature) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 21 year 1947 hour 3 minute 20 A.M.
21. I hereby certify that I attended the deceased from June 12, 1947 to Aug 21, 1947, that I last saw her alive on Aug 20, 1947: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lymphosarcoma, stomach	5 Mos.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 46	

Major findings:
Of operations:
Of autopsy: Multiple metastasis, lungs, pancreas, mediastinum etc.

PHYSICIAN
Underline the cause of 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: 0

23. Signature: B. Morris Heller (M. D. or other)
Address: 1610 Prof. Bldg. Date signed: 8-21-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1610 Pay-Bldg

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 Bernard L Loran

Licensed Embalmer No. 4250

P. O. Address K C 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.