

Registration District No. 178

Primary Registration District No. 4283

Registrar's No. 92

1. PLACE OF DEATH:
(a) County Lewis Co
(b) City or town Ewing Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years. years, months or days

3. (a) PRINT FULL NAME Elighe W Logodou
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 11 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 6 27 6 hr. 30 min.

9. Birthplace Debague Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name Richard Logodou
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Graves
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alpha Brossan
(b) Address Ewing Mo

17. (a) Burial (b) Date thereof Oct. 11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ewing Mo

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo

19. (a) Oct 12-47 (b) P. W. Jenkins MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town Ewing
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1947 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from last
15 1947 to Oct 8 1947
that I last saw him alive on Oct 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 97
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) (c) Means of injury 0

23. Signature P. W. Jenkins (M. D.)
Address Basilar Mo Date signed 10/10/47

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. 10
District File Number 10-47-1454
OCT 27 1947
Date Filed

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..... *Thomas Bell*
Licensed Embalmer No. *1744*
P. O. Address..... *Ewing, 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.