

No. 2  
-12-43  
5-17-39  
I X47070

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35160

State File No. \_\_\_\_\_

FILED NOV 3 1947

Registration District No. 237

Primary Registration District No. 3048

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)

In this community 24 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Quitman "Rural" 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles East 0  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME MARY LOGAN

3. (b) If veteran, name war \*\*\*\*\* (c) Social Security No. \*\*\*\*\*

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James A. Logan

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 12, 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48	6	10	*****
			hr. min.

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

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER

12. Name William Rowlette

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Burgner

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clyde Wilmes

(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof Oct. 25, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maitland Cemetery

18. (a) Signature of funeral director Eric Funeral Home

(b) Address 120 East 1st, Maryville, Mo.

19. (a) Oct. 24, 1947 (b) Beas Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22  
year 1947 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from Oct 11 to Oct 22, 1947,  
that I last saw h. er alive on Oct 22, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast not known to metastasize to lung

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: state  
Of operations at Cancer Hospital Columbia Mo.

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) \_\_\_\_\_

(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 J. A. Blarmer (M. D. or other)

Address Maryville Date signed 10/24/47

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

8300 102

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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 Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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. SAH 11-2-58