1/47
17-39

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

National Office of Vital Statistics
FILED JAN 12 1948

STANDARD CERTIFICATE OF DEATH

State File No. 42264

Registration District No. 87 | Primary Registration District No. 3038 | Registrar's No. 94

1. PLACE OF DEATH

(a) County: Linn

(b) City or town: Brookfield Mo
(If outside city or town limits, write "RURAL" and name of township)

(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: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Linn 58

(c) City or town: Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No.: E. Boston & Linn 2
(If rural, give location) 0

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

If yes, name country: ✓

3. (a) PRINT FULL NAME: STEPHEN GUY LOGUE

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Irene Logue

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

7. Birth date of deceased: Feb (Month) 20 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	3	7	hr. min.

9. Birthplace: Brookfield (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Laborer Carpenter & Painter

11. Industry or business:

FATHER
12. Name: James Logue
13. Birthplace: Lockhaven (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name: Alice B Godfrey
15. Birthplace: Pittsfield (City, town, or county) Ill (State or foreign country)

16. (a) Informant: Mary Lyne
(b) Address: Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill

18. (a) Signature of funeral director: Hill Funeral Home
(b) Address: Brookfield Mo

19. (a) 12-29-47 (Date received local registrar) (b) Walter B. Ervin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1947 hour minute a M.

21. I hereby certify that I attended the deceased from Found dead in car, to, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Probably Inebriation. [redacted] — Duration: 3 or 4 days

Due to: Relatives state he had several heart attacks, no indication of foul play.

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

Major findings:
Of operations: ✓
Of autopsy: ✓

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: ✓

23. Signature: Mark H. Rhoads (M. D. or other)
Address: Brookfield Mo Date signed 12/27-47
City Health Officer

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Ch. Blackstock

Licensed Embalmer No. 2226

P. O. Address Brookfield 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.