S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5634

FILED MAR 1 1948

Registration District No. 751

Primary Registration District No. 3048

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Nodoway

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

(c) Name of hospital or institution: St. Francis 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week (Specify whether

In this community 75 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

(c) City or town Tarkio 2 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME HORACE PYLE LOGAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced mar 1

6. (b) Name of husband or wife Mary Alice Logan

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August (Month) 26 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	4	19	hr. min.

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

10. Usual occupation retd farmer

11. Industry or business

FATHER

12. Name Wm. P. Logan

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

MOTHER

14. Maiden name Sarah J. McComb

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

16. (a) Informant Frank Logan

(b) Address Tarkio, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/18/48 (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

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

(b) Address Tarkio, Mo.

19. (a) 2/21/48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1948 hour 4 minute 15 p. M.

21. I hereby certify that I attended the deceased from Feb 9, 1948, to Feb 15, 1948; that I last saw her alive on Feb 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension ? Hypertrophy of prostate Uremia

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) 0

While at work? (e) Means of injury

23. Signature B. K. Bylund (M. D. or other) MD

Address Maryville Missouri Date signed 2/20/48

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.....

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.