

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16423**
Registrar's No. **2288**

FILED JUN 12 1948
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH: **JACKSON**
(a) County _____
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 22 years
years, months or days)

3. (a) PRINT FULL NAME James W. LOGUE
3. (b) If veteran, name war no 3. (c) Social Security No. 500-14-3951

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Mrs. Nora Logue 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October 28, 1881 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business Becker Roofing Company

MOTHER FATHER { 12. Name Joseph Logue
13. Birthplace Gallia Co., Ohio (City, town, or county) (State or foreign country)
14. Maiden name Sophronia Kincaid
15. Birthplace Gallia Co., Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Hollis Logue
(b) Address Excelsior Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/48 (Month) (Day) (Year)

(c) Place: burial or cremation Adrian, Missouri

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 6-1-48 (Date received local registrar) (b) Eleadine Holman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3029 Park Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5/31/48 Day _____ hour 11:45 minute _____ AM/PM
21. I hereby certify that I attended the deceased from 5 1948 to 5-31 1948
that I last saw him/live on May 31 1948
and that death occurred on the date and hour stated above

Immediate cause of death acute Coronary Occlusion
Duration _____
Due to Generalized Coronary Sclerosis
Due to _____
Other condition (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: as above
Of operations _____
Of autopsy same as above
Underline the cause to which death could 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) (e) Means of injury _____
23. Signature of Licensed Embalmer Walter J. ... (I. D. or other) _____
Address W. J. ... Date signed 6/1/48

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

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 Glen C. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.