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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 13 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33809**
Registrar's No. **2343**

Registration District No. **301**

Primary Registration District No. **4450**

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Williams Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days.
(Specify whether years, months or days)
In this community 47 years (life).

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

3. (a) PRINT FULL NAME Mary Magdalene Logan
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October, day 7, year 1948, hour 8, minute 48 P.M.
21. I hereby certify that I attended the deceased from 27 Sept., 1948, to 7 October, 1948; that I last saw her alive on 7 October, 1948; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Logan
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Feb. 18 1901
(Month) (Day) (Year)

Immediate cause of death Massive Pulmonary Embolism Duration 3 min.

8. AGE: Years Months Days If less than one day
47 7 19 - hr. - min.

Due to Fracture left hip (Neck of Femur) 11 da.

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

Due to _____

10. Usual occupation House wife

Other conditions (Includes pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

12. Name Thomas Jefferson Chestnut
13. Birthplace UNKNOWN Ohio
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically. **PHYSICIAN** _____

14. Maiden name Victoria Atkinson
15. Birthplace Hickman County, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Ellie Whitwell
(b) Address Chelsea, Okla.

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? _____

17. (a) BURIAL (b) Date thereof OCT. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chestnut Cem Bennett, Mo.

18. (a) Signature of funeral director Ray Means
(b) Address Doniphan, Missouri

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. K. Kozie (M. D. examiner)
Address Doniphan, Mo. Date signed 11 Oct 48

19. (a) 10-9-48 (b) Ed Johnston
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED 10-15-48
District Health Officer No. 5,
District File Number 1048652
Date Filed 10-15-48

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, Miss

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Nov
2343

Registration District No. *301*

Primary Registration District No. *441-0*

Registrar's No.

1. PLACE OF DEATH:

(a) County *Ripley Doniphan*
(b) City or town _____
(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)

3. (a) PRINT FULL NAME *Mary M. Logan*
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *W*
6. (a) Single, widowed, married, divorced *wid*
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife, if alive _____ years
7. Birth date of deceased *1st 18 1901*
(Month) (Day) (Year)

8. AGE: Years *47* Months *7* Days *20*
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) *No*

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____ Day _____
Year *1948* Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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) *Accident*

(b) Date of occurrence *27 September 1948*

(c) Where did injury occur? *Doniphan Ripley, Mo.*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In front of home - fell getting out of truck

While at work? *no* (Specify type of place)
(c) Means of injury *fall*

23. Signature *M. M. K... (M. D. _____)*

Address *Doniphan, Mo.* Date signed *25 Oct. 48*

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

SUPPLEMENTARY

S - 33809