

FILED AUG 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23795
State File No. 23795
REGISTRAR'S No. 227

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Blue Township		c. CITY (If outside corporate limits, write RURAL and give township) 48 OR TOWN Independence 4	
c. LENGTH OF STAY (in this place) 1		d. STREET ADDRESS (If rural, give location) 707 North Cottage 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile west of Courtney, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Russell c. (Last) Logsdon			4. DATE OF DEATH (Month) (Day) (Year) July 24, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 5, 1906	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR 2 Months 19 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Railway Company		11. BIRTHPLACE (State or foreign country) Chester, West Virginia /	
				12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Alva Logsdon	13b. MOTHER'S MAIDEN NAME Margaret Lewis	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 442-01-4697	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Allen, 1035 W. Truman Rd.	ADDRESS
World War II			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing Injury of Body		INTERVAL BETWEEN ONSET AND DEATH 6802 35
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Railroad Trauma		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Deputy Coroner	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) R.R. Tracks	21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) Courtney (MO)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 24 49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit by Train 48

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A.E. Upsher (Degree or title) MD	23b. ADDRESS 2800 main	23c. DATE SIGNED 7/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27 1949	24c. NAME OF CEMETERY OR CREMATORY Mount Grove	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. July 26 1949	REGISTRAR'S SIGNATURE Chas. A. Saeg	25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Funeral Home, Indep. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

482

AUG 1 RECD

APR 21 1950

AUG 3 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *R. A. Lisle* _____

Licensed Embalmer No. *4123* _____

P. O. Address *Independence, 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.