

FILED DEC 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37127
4970

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 Registrar's No. _____

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 OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 1 YEAR		d. STREET ADDRESS (If rural, give location) 3725 MONTGALL AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3725 MONTGALL AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) LEE T. c. (Last) LOGSDON			4. DATE OF DEATH (Month) (Day) (Year) NOV 24 1950		
5. SEX FEMALE		6. COLOR OF RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY-17-1925		9. AGE (In years last birthday) 25		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 24 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY		10b. KIND OF BUSINESS OR INDUSTRY NATIONAL BELL SHES		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. F. THOMPSON		13b. MOTHER'S MAIDEN NAME AMANDA FARLEY		14. NAME OF HUSBAND OR WIFE JOHN LOGSDON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 498-24-6518		17. INFORMANT'S SIGNATURE OR NAME JOHN LOGSDON		ADDRESS 3725 MONTGALL KANSAS CITY, MO.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumatic heart disease					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				410K	

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

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 **3:50 am.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title)		23b. ADDRESS 4050 Broadway TSC MO		23c. DATE SIGNED 11-24-50	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE NOV 26 1950		24c. NAME OF CEMETERY OR CREMATORY M^c FALL CEMETERY	
		24d. LOCATION (City, town, or county) M^c FALL		(State) MISSOURI	

DATE REC'D BY LOCAL REG. 11-25-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer Sons	
				ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

John B. Lewis Jr.
working under my personal supervision.

Student Embalmer No. 407

Signed John B. Lewis Jr.
Student Embalmer

Signed Charles H. Strickney

Licensed Embalmer No. 4560

P. O. Address KC. 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.