

Registration District No. 24

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton mo
 (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 years, months or days)
 In this community thirty five years

3. (a) PRINT FULL NAME

Iola Mae Logan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife Frank Logan 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 8 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 3 hr. _____ min.

9. Birthplace Bates Co mo (City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business _____

MOTHER FATHER
 { 12. Name John Edie
 { 13. Birthplace Don't know (City, town, or county) (State or foreign country)
 { 14. Maiden name Emily Wilcox (State or foreign country)
 { 15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Harve Cole
 (b) Address Boulder Colo.
 17. (a) Burial (b) Date thereof 2/27/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Congress
 18. (a) Signature of funeral director Congress
 (b) Address Clinton mo
 19. (a) 2-24-40 (b) Dr J R Hampton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Clinton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 115 E. Elm
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24, 1940
 year _____ hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Feb. 2 1940, 19 _____ to 2/24/40, 19 _____; and that death occurred on the date and hour stated above.

that I last saw her alive on 2/24/40, 19 _____
 Immediate cause of death Coronary Thrombosis
Lobar Pneumonia (Convalescing
began Feb. 2nd

Due to Diabetes. Diagnosed 11/28/39

Due to _____

Other conditions None (include pregnancy within 3 months of death) 54

Major findings: Of operations None

Of autopsy None

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) _____
 (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) _____
 While at work? _____ (e) Means of injury _____

23. Signature Ed P. Belmont MD (M. D. or other) _____
 Address Clinton Mo Date signed 2/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 1. 1. 39 E
District File Number 3-3-40-170
Date Filed

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.....

P. O. Address.....

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, above space should be left blank.