

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28631

Registration District No. 347

Primary Registration District No. 5501A

Registrar's No. _____

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton Lewis
(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 2
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME DAVID R LOGAN

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced marry
6. (b) Name of husband or wife Nelle Logan 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov 4 1886
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Henry Co Mo
(City, town or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
12. Name Wm Logan

13. Birthplace NY
(City, town or county) (State or foreign country)

14. Maiden name Nancy Parks
15. Birthplace NY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nelle Logan

(b) Address Clinton RR 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-40
(Month) (Day) (Year)

(c) Place: burial or cremation Park Chapel

18. (a) Signature of funeral director Conradus & Beck

(b) Address Clinton Mo

19. (a) 8-17-40 (Date received local registrar) (b) J R Jamison (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1940 hour 8 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1
1940 to Aug 14 1940.

that I last saw him alive on 8-13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 3 da

Due to _____

Due to apoplexy

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

Major findings: _____
Of operations _____

Of autopsy _____

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? 3/2

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. M. Walker (M. D. or other) J. M. D.

Address Clinton Mo Date signed 8-15-40

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1357

Date Filed 9-16-40

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.....

J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Chinton,

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.