

Registration District No. 137

Primary Registration District No. 5510

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

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: 5 W. Rte 20 Deepwater (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Funeral Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 35 yr.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 5 W of Deepwater Rte 20
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: USA

3. (a) PRINT FULL NAME: Thomas R. Logan

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6 year 1947 hour 3:35 minute — P.M.

4. Sex: Mo 5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: 10-28-1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-26 1947 to 4-6 1947 that I last saw him alive on 3-26 1947 and that death occurred on the date and hour stated above.

Duration: 13 days

Immediate cause of death: Cerebral Hemorrhage

8. AGE: Years 80 Months 5 Days 8 If less than one day: — hr. — min.

Due to: —

Due to: —

9. Birthplace: Missville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation: Retail Sales Maintenance

11. Industry or business: Oil Factory

12. Name: Joseph Logan

13. Birthplace: Uniontown Pa
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Jane Logan

15. Birthplace: Uniontown Pa
(City, town, or county) (State or foreign country)

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

Major findings: of 3

Of operations: —

Of autopsy: —

16. (a) Informant: Ada Mae Vickus

(b) Address: Rte 2 Deepwater Mo

17. (a) Burial (b) Date thereof: 4-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Deepwater Cemetery

18. (a) Signature of funeral director: Ed Williams

(b) Address: Clinton Mo

19. (a) 4-8-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

PHYSICIAN: —

Underline the cause of 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? — Means of injury: —

23. Signature: R. J. Powell (M.D. or other) 2

Address: Clinton, Mo Date signed: 4/8/47

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RECEIVED
District No. 7,
Officer No. 446
District No. 3-42-446
District File Number 4-17-47
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 Fred Weckman, Registered Apprentice No. 434 working under my personal supervision.

Signed Fred Weckman
Licensed Embalmer No. 2478
P. O. Address Chico, 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.