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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30916**
Registrar's No. **3479**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
(a) County **MO**
(b) City or town **MO**
(c) Name of hospital or institution: **1106 Bellfontain st**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **Unknown**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Jackson**
(c) City or town **Jackson**
(If outside city or town limits, write "RURAL")
(d) Street No. **1106 Bellfontain**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Munzio Leggio**
Nunzio Leggio
3. (b) If veteran **SS. 496-10-36633** (c) Social Security name war No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **3**
year **1940** hour **11** minute **10** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Carmelo Leggio**
6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **Dec. 28 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 22nd 1940 to Sept 3rd 1940**
that I last saw him alive on **Sept 3rd 1940**
and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **8** Days **5**
If less than one day hr. _____ min.

Immediate cause of death **Acute Broncho Pneumonia**
Due to **asbestos contamination**

9. Birthplace **Italy**
(City, town, or county) (State or foreign country)

Due to **Chronic Pulmonary Tuberculosis**
Other conditions **23**
(Include pregnancy within 3 months of death)

10. Usual occupation **Labor**
11. Industry or business _____
12. Name **Angelo Leggio**
13. Birthplace **Italy**
(City, town, or county) (State or foreign country)
14. Maiden name **Nettie Latier**
15. Birthplace **Italy**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Angelo Leggio**
(b) Address **1106 Bellfontain**
17. (a) **Buried** (b) Date thereof **Sept 6-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt St Marys Conv**
18. (a) Signature of funeral director **Parsons Bros**
(b) Address **12 E. MO**
19. (a) **Sept. 5, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: **no**
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence _____
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**
While at work? **None** (Specify type of place)
(e) Means of injury **none**
23. Signature **H. V. Conroy** (M. D. or owner)
Address **805 Elmwood** Date signed **9-2-40**

805 Elmwood
Dr. Cordy
Hollock.

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 Park Rowe

Licensed Embalmer No. 2347

P. O. Address 11 Cmo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.