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-39  
21492

Registration District No. 604

Primary Registration District No. 4358

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County New Madrid

(b) City or town New Madrid  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
In this community about 7 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County New Madrid

(c) City or town New Madrid  
(If outside city or town limits write "RURAL")

Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** OVELLA LEGG

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

4. Sex FEMALE 5. Color or race C. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN LEGG 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased MAY - 22 - 1895  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>55</u>	<u>5</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name unk. ?

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

14. Maiden name unk.

15. Birthplace unk. unk. ?  
(City, town, or county) (State or foreign country)

18. (a) Informant John Legg  
(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof Nov 17-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveshill

18. (a) Signature of funeral director Richards and Co.  
(b) Address New Madrid, Mo.

19. (a) 11-26-40 (b) Wm O'Bannon  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 15 year 1940 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from Oct 25, 1940, to Nov. 15, 1940;

that I last saw her alive on Nov 14, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Artery disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions No HTA  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations No

Of autopsy No

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) No

(b) Date of occurrence No

(c) Where did injury occur? No  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 533  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury No

23. Signature John Legg (M. D. or other) \_\_\_\_\_  
Address New Madrid, Mo. Date signed Nov 15 1940

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

FILED DEC 11 1940

RECEIVED

District Health Officer No. 2

District File Number 1240-17

Date Filed 12/2/40

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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.....

L. H. Haysmith....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. H. Haysmith

Licensed Embalmer No. 3803

P. O. Address New Madrid

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, above space should be left blank.