

JAN 25 1940
Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution Mc Lane Brooks Hospital
(d) Length of stay: In hospital or institution Three Days
In this community Fifty Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
City or town Carthage Missouri
Street No. 121 E 11th St
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME George D Leggett

(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Lidia 6. (c) Age of husband or wife if alive unknown

7. Birth date of deceased Aug 16 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 0 If less than one day hr min.

9. Birthplace Millville Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Secretary

11. Industry or business Leggett and Platt Belting Factory

12. Name John Leggett

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

14. Maiden name Harriet Robbins

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

16. (a) Informant Mrs Lidia Leggett

(b) Address 121 E 11th St Carthage Mo

17. (a) Burial (b) Date thereof Dec 18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Dec 17, 1940 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1940 hour 3:20 minute P M.

21. I hereby certify that I attended the deceased from Dec 14
1940 to Dec 16 1940
that I last saw him live on Dec 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia - Senility

Due to 164

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

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? 815 (City or town) (County) (State)

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

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

23. Signature H. B. Boyd M.D. (M. D. or other)

?Address Carthage Mo Date signed 12-17-40

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

9
5
2

MAY 8 1949

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

P. W. K. [Signature]

Licensed Embalmer No. 814

P. O. Address Carthage, 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, above space should be left blank.