

No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27425

State File No.

FILED SEP 12 1941

3083

Registrar's No.

Registration District No. 299

Primary Registration District No. 10-2

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2240 Lister
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 16 Yrs / _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME William Fenton Legg

3. (b) If veteran, name war None 3. (c) Social Security No. NO

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Sarah Elizabeth Legg 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 21 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 22 hr. min.

9. Birthplace Ohio SCOTLAND
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Section

11. Industry or business Foreman

12. Name Nobel Legg

13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Mustard

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Stone

(b) Address 912 Holmes St

17. (a) Removal (b) Date thereof Aug 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 915741 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 047
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2240 Lister
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-18-41 day _____
year _____ hour _____ minute 10⁴³ A M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I have seen him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Belated Hydrothorax
Due to Chronic Myocardial Degeneration

Due to Coronary Atherosclerosis

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

Major findings: Of operations 94a
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? _____ (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? _____ (e) Means of injury _____

23. Signature Jesselle (M. D. or other) 3
Address Can Date signed _____

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 *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Blair Shuppert*
Licensed Embalmer No. *4179*
P. O. Address *W. C. Me*

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.