

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19319

FILED JUN 15 1943

Registration District No. 359

Primary Registration District No. 4526

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 52 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon

(c) City or town Sheldon Mo  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME EDWARD FRANCES LEGG

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

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

6. (b) Name of husband or wife Martha Legg 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept 27 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 8 4 hr. min.

9. Birthplace Hughiant Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

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

MOTHER FATHER { 12. Name Samuel Harrison Legg

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

14. Maiden name Sara Merriatt

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

16. (a) Informant Sara Martha Legg

(b) Address Sheldon Mo

17. (a) Burial (b) Date thereof June 2 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director S. B. Beemer

(b) Address Sheldon Mo

19. (a) June 2 1943 (b) Wesner Ludwig  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-10 1943 to 5-20 1943  
that I last saw him alive on 5-28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency

Due to Senility

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

Other conditions (Include pregnancy within 3 months of death) 9503

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 2

23. Signature W. H. Legg (M. D. or other) DD

Address Sheldon Mo Date signed 6-2-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MUL 6 - 1943

RECEIVED  
District Health Officer No. 7,  
District File Number 3-43-486  
Date Filed 6-8-43

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

*H. Bernard Seeny*

Licensed Embalmer No. 4161

P. O. Address S. Sheldon, Inc.

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.