

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

49
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MAILED SEP 13 1943

Registration District No. **55** Primary Registration District No. **4244**

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Cartersville**

(c) Name of hospital or institution: **1208 Wilson**

(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Cartersville**

(If outside city or town limits, write "RURAL")

(d) Street No. **1208 Wilson**

(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Edward Wilks Leggs**

3. (b) If veteran _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **7** year **1943** hour **4:15** minute **P** M.

21. I hereby certify that I attended the deceased from **Mar 15** 19**43** to **Aug 7** 19**43** that I last saw him live on **Aug 7** 19**43** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color of hair **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs Leggs** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 20 1895**

(Month) (Day) (Year)

Immediate cause of death: **Heart and respiratory**

Due to **Chronic Endocarditis**

8. AGE: Years **48** Months **4** Days **17** If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) **g2d**

9. Birthplace **California Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation **Nero-Sydney House Foreman**

11. Industry or business **Atlas Trower Co.**

12. Name **Samuel Leggs**

13. Birthplace **Unknown**

(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**

(City, town, or county) (State or foreign country)

16. (a) Informant **Madeline Leggs**

(b) Address **Cartersville, Mo.**

17. (a) **Buried** (b) Date thereof **Aug 10 1943**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Cem.**

18. (a) Signature of funeral director **Walt City Wood Co.**

(b) Address **Walt City, Mo.**

19. (a) **Aug 12 1943** (b) **Wm. L. Hill**

(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury **2 PO.**

23. Signature **W.C. Seemler** (M. D. or other) **2 PO.**

Address **Joplin Mo** Date signed **8/9/43**

1130

43-8-700

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

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Jeff City 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, fact should be so stated above.