

FILED DEC 3 1943

State File No. 37365
Registrar's No. 4764

Registration District No. 149

Primary Registration District No. 1002

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: Saint Lukes Hospital
(If not in hospital or institution, write street number, location)
(d) Length of stay: In hospital or institution 17 18 days
(Specify whether years, months or days) 17 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County 999
(c) City or town OLATHE (If outside city or town limits, write "RURAL") 17
(d) Street No. 529 East Loula (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Bonnie Lou Leggett

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 - 24 - 43
(Month) (Day) (Year)

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

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Thomas William Leggett
13. Birthplace Luray Va.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Louise Seay
15. Birthplace Richmond Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas W. Leggett
(b) Address 529 E. Loula, Olathe, Kan

17. (a) Removal (b) Date thereof 11-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roanoke, Va.

18. (a) Signature of funeral director H. E. Julien
(b) Address Olathe, Kans.

19. (a) 11-11-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 11
year 1943 hour 5⁴⁵ minute A M.

21. I hereby certify that I attended the deceased from 10-24 1943 to 11-11 1943
that I last saw her alive on 11-10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 4 days

Due to _____

Due to 159

Other conditions prematurity birth
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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) (e) Means of injury _____

23. Signature George Herryman (M. D. number) 0
Address 1107 Bryant Bldg Date signed 11/11/43

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.