

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43511
 Do not use this space.

FILED JAN 10 1944

1. PLACE OF DEATH *Ray*

(a) County *Ray* Registration District No. *799*
 (b) Township *Knobhill* Primary Registration District No. *6033*
 (c) City *R.F.D. Rayville Mo.* (d) Street No. *1* St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Caron Legarden*

(a) Residence, No. *R.F.D. Rayville Mo.* St. (If nonresident, give city or town and State) *Mo.*
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) _____ OF *Nancy Legarden*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 1, 1861*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>82</i>	<i>1</i>	<i>21</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *82 yrs.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ray Co. Mo.*

FATHER

13. NAME *Caron Legarden*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER

15. MAIDEN NAME *Nancy Cummins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *?*

17. INFORMANT *Caron Legarden*
 (ADDRESS) *Rayville Mo.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Legarden Cemetery* DATE *12-24-43*

19. FUNERAL DIRECTOR (NAME) *J.W. Monrow*
 (ADDRESS) *Rayville Mo.*

20. FILED *12/24 1943* *W.A. Black*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 22, 1943*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 15, 1943*, to *Dec. 22, 1943*
 I last saw him alive on *Dec. 22, 1943* Death is said to have occurred on the date stated above, at *11:30 A.M.*
 The principal cause of death and related causes of importance were as follows:
Acute Influenza
B3a
 Date of onset *7 days*

Other contributory causes of importance:
Hypostatic Pneumonia 2 days

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *A.E.O. Reserve*, M. D.
 (Address) *Richmond, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2.
 50M-9-19-33

1 X16605

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-44

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

James A. Molis

Licensed Embalmer No. 3296

P. O. Address Exp Springs 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.