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FILED NOV 20 1944

Registration District No. 175

Primary Registration District No. 4275

State File No.

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 34 years
years, months or days)

3. (a) PRINT FULL NAME Elijah Burchard Legate

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

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

6. (b) Name of husband or wife Dollie T Legate 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased July 13, 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 5 If less than one day
hr. min.

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

10. Usual occupation Retired school teacher

11. Industry or business

12. Name Henry Legate

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

14. Maiden name Mary Ann Skidmore

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

16. (a) Informant Miss Mary Legate

(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof 8-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Bradford

(b) Address Marionville, Mo.

19. (a) 8-19-44 (b) Cornelia Brown
(Date received local registrar) (Registrar's signature)

Address Marionville, Mo. Date signed 8/19/44

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1944 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 1, 1944 to August 18, 1944
that I last saw him alive on Aug. 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to chronic arteriosclerosis 5 yrs

Other conditions Pernicious anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations 830
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 Wayne H. Weaver (M. D. or other) MD
Address Marionville, Mo. Date signed 8/19/44

1156

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number 1144-1166

Date Filed NOV 14 1944

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 *Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address Aurora Ill

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.