

FILED JUL 29 1946

Primary Registration District No. 1000

Registrar's No. 681

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Hrs
(Specify whether years, months or days)
 In this community 7 Hrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harvey Allen Legg

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

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Single</u>
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6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 11 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>7</u> hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER { 12. Name Harvey A. Legg

FATHER { 13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Sandusky

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

16. (a) Informant Harvey A. Legg
 (b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem. Fleeman & Son Inc.

18. (a) Signature of funeral director _____
 (b) Address St Joseph, Mo.

19. (a) June 17, 1946
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 717 No. 11th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
 year 1946 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 11 1946 to June 12 1946
 that I last saw him alive on June 11 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death <u>Premature approx 180 days</u>	Duration _____
Due to _____	_____
Due to _____	_____
Other conditions <u>none</u> <small>(Include pregnancy within 3 months of death)</small>	_____
Major findings: Of operations _____	PHYSICIAN _____ <small>Underline the cause to which death should be charged statistically.</small>
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 _____

23. Signature Maxwell Day md (M. D. or other) _____
 Address 218 N 7th Date signed 6-12-46

3X

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, ~~XXX~~.....

....., ~~Registered Embalmer~~ ~~Apprentice~~ ~~Nov~~.....
working under my personal supervision.

Signed..... *Robert H. Apple*.....

Licensed Embalmer No..... 3308.....

P. O. Address..... St Joseph, 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.