S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40073

FILED DEC 26 1946

Registration District No. 96 Primary Registration District No. 5355 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillipsburg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30

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

(d) Street No. Phillipsburg Mo Rt
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Edna Marie Legan

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

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

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

8. AGE: Years | Months | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Dallas Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name Walker Legan
13. Birthplace Dallas Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Bernice Mennick
15. Birthplace Dallas Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Walker Legan
(b) Address Phillipsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director Montgomery Vaughan
(b) Address Buffalo Mo.

19. (a) 12-17-46 (Date received local registrar) (b) Grace Peters (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 15 year 1946 hour 10:00 minute a M.

21. I hereby certify that I attended the deceased from 11 Dec, 1946, to ____, 19__; that I last saw her alive on 11 Dec, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Imperfect closure of foramen ovalis	4 days
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death)	
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature O A Griffin (M. D. or other) MD

Address Buffalo Date signed 16 Dec 46

40 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health
District Vice Chairman 11-46-3123
Date Filed 12-23-46

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 Montgomery & Vaughn

Licensed Embalmer No. 3592

P. O. Address Buffalo 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.