S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20734

Registration District No. 134 Primary Registration District No. 4208 Registrar's No.

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Cainsville (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 (Specify whether years, months or days)
In this community: All life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: Cainsville 6 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Leggett
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 7 (Day) 1866 (Year)
8. AGE: Years 80 Months 8 Days 13 If less than one day hr. min.
9. Birthplace: Harrison County, Missouri. 6 (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Violet Goodrich
(b) Address: Cainsville, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 22, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery
18. (a) Signature of funeral director: E. J. Stoklasa
(b) Address: Cainsville, Mo.
19. (a) June 12-47 (Date received local registrar) (b) S. Pha Shaw (Registrar's signature) 117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1947 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan. 1, 1946, to May 20, 1947; that I last saw her alive on May 20th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis & myocardial degeneration	18 month
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Alfred L. Taff (M. D. or other) D.O.
Address: Cainsville, Mo. Date signed 5/21/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ Eddie J. Stoklasa, Registered Apprentice No. ....., working under my personal supervision.

Signed E. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.