

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8790

1297

Registration District No. 149

Primary Registration District No. 1005

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jordan Rest Home, 3420 Benton Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3420 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ANNA RUTH LEGATE

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Russell S. Legate 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased September 21 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 3 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Thomas J. Williams
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name WILLIAMS
15. Birthplace No Record
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Harry Charles Allen
(b) Address 632 West 61st Terrace
17. (a) Removal (b) Date thereof 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dennison, Texas
18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.
19. (a) 3-24-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24th
year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1940 to Mar 23 1948
that I last saw her alive on Mar 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Arteriosclerosis + hypertension
Due to _____

Other conditions Ch. hepatitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 131a

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 E.K. Robinson (M. D. or other) _____
Address 928 Park Ave. Bldg. Date signed Mar 24 1948

Duration
8 yrs
8 yrs
PHYSICIAN
Underline the cause of death should be charged statistically.

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

MOTHER FATHER

Presg 189
HA 4479

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.