

No. 2
1-5-43
5-17-39
1 X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15638**
Registrar's No. **178**

Registration District No. **53** Primary Registration District No. **3010**

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Francis
(d) Length of stay: In hospital or institution 5 days
In this community Days
years, months or days

3. (a) PRINT FULL NAME James Fletcher Leggett Jr.
3. (b) If veteran, name war World war 1
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Therma Leggett
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 20 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 5 2 _____ hr. _____ min.

9. Birthplace Rayville Louisiana
(City, town, or county) (State or foreign country)
10. Usual occupation Court Reporter

11. Industry or business _____
12. Name James Fletcher Leggett
13. Birthplace Iola Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Marcia E. Bowman
15. Birthplace Catahoula Parish La.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Therma Leggett
(b) Address Bloomfield, Mo.
17. (a) Burial (b) Date thereof 5-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield Cemetery
18. (a) Signature of funeral director Chiles Undertaking Co.
(b) Address Bloomfield, Mo.
19. (a) 6-6-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1948 hour 1 minute 35 A.M.
21. I hereby certify that I attended the deceased from 5-12-48 to 5-22-48
that I last saw him alive on 5-22-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to extensive infarction
Due to resulting in heart failure
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature Albert M. Eaton M.D. or other _____
Address Bloomfield Mo. Date signed 6-3-48

JUN 23 1948
JUL 7 1948

RECEIVED

Health Officer No. 4
File Number 648-740
Date Filed 6-14-48

JUN 28 1948

NOV 26 1952

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 Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield

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.