. S. No. 2
DM—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 14 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16014

Primary Registration District No. 2000

Registrar's No. 456

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)
In this community 1 year

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

3. (a) PRINT FULL NAME George Washington Legan
3. (b) If veteran, name war UNKNOWN
3. (c) Social Security No. UNKNOWN
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Lucinda Legan
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased February (Month) 10 (Day) 1864 (Year)

8. AGE: Years 84 Months 3 Days 19 If less than one day ... hr. ... min.

9. Birthplace Terre Haute Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Mercantile
MOTHER FATHER
12. Name James Legan
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name MARY
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Lucinda Legan
(b) Address Springfield, MO
17. (a) Burial & Removal (Burial, cremation, or removal) Date thereof 6-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation CONWAY MISSOURI
18. (a) Signature of funeral director Alma Lohmeyer
(b) Address Springfield, MISSOURI
19. (a) 6-1-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1948 hour 8 am minute ... M.
21. I hereby certify that I attended the deceased from May 1947, to May 29 1948, that I last saw him alive on May 28 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 4d
Due to Carcinoma of Prostate — 1½yr
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 Roy D Calloway (M. D. or other) MD
Address Springfield MO Date signed 6/1/48

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

ALMA-Lohmeyer

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 Julian R. Goodman, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Wendle

Licensed Embalmer No. 2831

P. O. Address Springfield

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.