

Registration District No. **349**

Primary Registration District No. **4207**

Registrar's No. **18**

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Calhoun Mo.
 (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 1 (Specify whether
 In this community 65yr 2m 25dy
 years, months or days)

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

3. (a) PRINT FULL NAME John Henry Legg
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 495-09-6761

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 14
 year 1941 hour 8:15 minute _____ M.
 21. I hereby certify that I attended the deceased from Oct 12
1941, to Oct 14 1941
 that I last saw him alive on Oct 14
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Edith Legg
 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased July 20 1875
 (Month) (Day) (Year)

Immediate cause of death Heart Failure
 Duration _____

8. AGE: Years Months Days If less than one day
65 2 25 hr. _____ min.

Due to Dropsy
 Due to _____

9. Birthplace Henry County Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) 95c
 Major findings:
 Of operations
 Of autopsy

MOTHER FATHER
 11. Industry or business _____
 12. Name John P Legg
 13. Birthplace Henry County Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Finkbe
 15. Birthplace Henry County Mo
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Edith Legg
 (b) Address Calhoun Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation Calhoun
 18. (a) Signature of funeral director V A Housey
 (b) Address Calhoun Mo
 19. (a) Dec 13-1941 (Date received local registrar)
 (b) Mrs Edith Legg (Registrar's signature)

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)
 Means of injury
 23. Signature D. L. Pallas (M. D. or other) 0
 Address Calhoun Date signed Oct 15 1941

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

5-42

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE

1-4-41
1-13-38
X-52

1. Name of deceased
2. Sex
3. Race
4. Age at death
5. Date of death
6. Place of death
7. Cause of death
8. Duration of illness
9. Name of physician
10. Name of funeral home
11. Name of cemetery
12. Name of embalmer
13. Name of undertaker
14. Name of mortician
15. Name of preparator
16. Name of restorer
17. Name of artist
18. Name of model
19. Name of artist
20. Name of model

MEDICAL CERTIFICATION

DATE OF DEATH
I hereby certify that I attended the deceased from the date of death until the date of burial and that the death occurred on the date and hour indicated above.

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1. Full name of deceased
2. (b) If registered
3. (c) Social Security
4. (a) Single, widowed, married, divorced, separated
5. (b) Name of husband or wife
6. (c) Age of husband or wife
7. Birth date of deceased
8. AGE: Year, Month, Day
9. Birthplace

MISSOURI STATE BOARD OF HEALTH

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 *myself*, working under my personal supervision.

10. Usual occupation
11. Industry or business
12. Registered Apprentice No.

Signed *J. A. Housey*
Licensed Embalmer No. *3502*
P. O. Address *Calhoun Inn*

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.

MISSOURI STATE BOARD OF HEALTH