

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25656

State File No. ....

Registration District No. 371

Primary Registration District No. 4335

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Monterey  
(b) City or town California  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 year (Specify whether years, months or days)  
In this community 40 year

3. (a) PRINT FULL NAME

Ella Francis Legg

3. (b) If veteran, name war

3. (c) Social Security No. ....

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Legg

7. Birth date of deceased Sept 13 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 22 If less than one day 0 mo  
.....hr. ....min.

9. Birthplace St Clair (City or town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Jessie Roberts

13. Birthplace St Clair (City or town, or county) (State or foreign country)

14. Maiden name Annaida Kaffer

15. Birthplace St Clair (City or town, or county) (State or foreign country)

16. (a) Informant Thomas Legg

(b) Address California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Burke

18. (a) Signature of funeral director Hellmuth & Friedman

(b) Address California

19. (a) 7-7-41 (Date received local registrar) (b) H.R. Roper (Registrar's signature)

504 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monterey  
(c) City or town California (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1941 hour 12:15 minute 0 M.

21. I hereby certify that I attended the deceased from January 11 to July 5 1941  
that I last saw her alive on July 11 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 5 min.

Due to Arteriosclerosis

Due to 94A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 H. Benion (M. D. or other)

Address California Date signed 7/7/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**