

Registration District No. 795

Primary Registration District No. 6022

Registrar's No. 76

1. PLACE OF DEATH:
(a) County St. Francis
(b) City or town New French Village, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 1 3/4

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LUTHER GARRETT LEFRIDGE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 1 year 1939 hour 6 minute 30 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb. 1 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 24 August 1939 to Oct 1 1939; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 8 Days 0 If less than one day hr. _____ min. _____

Immediate cause of death Jury Verdict:
We the jury find this man
came to his death by accidental
discharge of a twelve gauge
shot gun in his own posses-
sion
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation W.P.A. Laborer

MOTHER FATHER
11. Industry or business _____
12. Name Garrett Leftridge
13. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Miller
15. Birthplace Madison, Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct 1, 1939
(c) Where did injury occur? 1/2 mile from French Village
(City or town) (County) (State)
(d) Did injury occur in or about home, or (arm, in industrial place, in public place?)
in woods while hunting
While at work? no (Specify type of place) (e) Means of injury in woods

16. (a) Informant's own signature Garrett Leftridge
(b) Address Bonne Terre Mo.
17. (a) Burial (b) Date thereof Oct 2, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Murphy Cemetery
18. (a) Signature of funeral director Benjamin H. Miller
(b) Address 313 Kenham St. Bonne Terre Mo.
19. (a) Oct 2, 1939 (b) W. W. Hawkins
(Date received local registrar) (Registrar's signature)

23. Signature Joe Niemer Corson (M. D. or other) 11
Address W. Lat River Mo Date signed Oct 39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 E. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonnie Devere 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, above space should be left blank.