No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 3785

Registrar's No. 29

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

80
6
4

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1220 So. Lamine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis 80

(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 1220 So. Lamine 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Earl T Leftwich

3. (b) If veteran, name war:

3. (c) Social Security No. 490-05-1256

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Lena

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Nov. 22, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	1	29	hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Wholesale Hardware

FATHER
12. Name: Charles W. Leftwich
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Julia Shaw
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Lena Leftwich
(b) Address: 1220 So. Lamine Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 23/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: Gillespie Funeral Home
(b) Address: Sedalia, Mo.

19. (a) 1-23-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1941 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Jan 17, 1941, to Jan 21, 1941, that I last saw him alive on Jan 21-1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration: Sudden

Due to: —

Due to: 44 hr

Other conditions (Include pregnancy within 3 months of death): Influenza — 1 wk

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: W. A. Beckemeyer (M. D. or other) D
Address: Sedalia Mo. Date signed 1/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-10-41

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.