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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6335

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 212

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2110 South 5th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two day (Specify whether
In this community two days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town Saint Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2110 South 5th Street 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louis Jesse Leaverton
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single ()
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 16, (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace Saint Joseph, (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation NONE
11. Industry or business
FATHER
12. Name George Washington Leaverton
13. Birthplace Ogden, (City, town, or county) 1 Iowa (State or foreign country)
MOTHER
14. Maiden name Lenora Howard
15. Birthplace DeKalb, (City, town, or county) 0 Missouri (State or foreign country)
16. (a) Informant Mrs. Katherine Justices
(b) Address 2110 South 5th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 19, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cemetery
18. (a) Signature of funeral director Mrs. E. R. Sidenfaden F. Home
(b) Address 602 South 10th Street
19. (a) Feb 19-1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1941 hour 8:00 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb. 16th, 1941, to Feb. 18th, 1941;
that I last saw him alive on Feb. 18th, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Enlarged Thymus	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
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? 85 (Specify type of place)
While at work? — (e) Means of injury —
23. Signature Harry L. Pitluck (M. D. or other) M.D.
Address 203 Kirkpatrick Bldg. ST. JOSEPH Date signed 2-19-41

(Licensed Embalmer's Statement on Reverse Side)

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 R. V. West

Licensed Embalmer No. 3876

P. O. Address St Joseph 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.