. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21113

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 716

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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day; 0 (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Gentry 38
(c) City or town: Albany, (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Rodney Erroll Leftwich
3. (b) If veteran, name war: None,
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 4th. 1944. (Month) (Day) (Year)

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

9. Birthplace: Saint Joseph, Missouri, 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
FATHER 12. Name: James Cornelius Leftwich,
FATHER 13. Birthplace: Sedalia, Missouri, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Stella Pauline Welch,
MOTHER 15. Birthplace: Albany, Missouri, 0 (City, town, or county) (State or foreign country)
16. (a) Informant: James C. Leftwich,
(b) Address: Albany, Missouri,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Albany, Mo.
18. (a) Signature of funeral director: Weston Bethel & Bowman
(b) Address: St. Joseph, Mo.
19. (a) July 7th. (Date received local registrar) (b) 44 Helen I. Pickett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1944 hour 4 minute a M.
21. I hereby certify that I attended the deceased from July 7, 1944, to July 8, 1944, that I last saw him alive on July 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Atelectasis	36 hrs
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: H. W. Kerby (M. D. or other)
Address: St. Joseph, Mo. Date signed 7/6/44

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(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 not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank A. Bowman

Licensed Embalmer No. 1710

P.O. Address St. Joseph 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, fact should be so stated above.