

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED MAY 23 1946
Registration District No. **30**

Primary Registration District No. **5572**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Prairie Township**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Emergency Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 months**
 In this community **68 years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Brookings, Iwp**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **101st. & Blue Ridge**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME **Albert Leftwich**
 3. (b) If veteran, name war **None**
 3. (c) Social Security **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **6**
 year **1946** hour **2:00** minute **00** M.
 21. I hereby certify that I attended the deceased from **April 6**, 19**46**
 to **April 6**, 19**46**
 that I last saw him alive on **April 6**, 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Ida Leftwich**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **October 2 1878**
 (Month) (Day) (Year)

Immediate cause of death
Squamous Cell Carcinoma of face
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	67	6	4	hr. min.

9. Birthplace **Unknown Illinois**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Retired Dairyman**

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name **John Leftwich**
 13. Birthplace **Unknown Kentucky**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Ellen Beamen**
 15. Birthplace **Unknown Illinois**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **R.O. Leftwich**
 (b) Address **3001 E. 26th St. K.C. Missouri**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-9-46**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Forrest Hill Cem. K.C. Mo.**
 18. (a) Signature of funeral director **George C. Carson**
 (b) Address **Independence, Missouri**
 19. (a) **4/19/46** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

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 **0**
 23. Signature **[Signature]** (M. D. or other) _____
 Address **101 Plaza Med Bldg** Date signed **4/19/46**

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

R. A. Fish

Licensed Embalmer No.

4123

P. O. Address

Indianapolis, Ind

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.