S. No. 2.
I—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7564

Registration District No. 337 Primary Registration District No. 6143 Registrar's No. 24.

1. PLACE OF DEATH:
(a) County: Shelby county
(b) City or town: Laude, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None
In this community: Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby 102
(c) City or town: Maud 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Monroe Liftridge
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertie Leftridge
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Aug. 27th 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	5	29	hr. min.

9. Birthplace: Shelby county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: "
MOTHER FATHER
12. Name: Henry C. Leftridge
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Melvinia Sumpter
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. James Leftridge
(b) Address: Maud, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge Cemetery
18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Clarence, Mo.
19. (a) Feby 28-47 (Date received by local registrar) (b) Ruth Jasper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26th year 1947 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw h... alive on —, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to	
Due to Injured during childhood	
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: C. W. Young M.D. (M.D. or other)
Address: Decker, Mo. Date signed 2/21/47

307 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1.47.440
Date Filed MAR 11 1947

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 James D. Davis, Registered Apprentice No. 443, working under my personal supervision.

Signed E W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbyna 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.