S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24257

FILED AUG 13 1947

Registration District No. ..... Primary Registration District No. 1002 Registrar's No. 3186

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or ~~institution~~: OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 WEEK (Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3227 PROSPECT AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. EDGAR W. LEFTWICH
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife MRS. DORA B. LEFTWICH
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased APRIL (Month) 28 (Day) 1871 (Year)

8. AGE: Years 76 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace ROADHOUSE (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name JOHN W. LEFTWICH
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)
MOTHER
14. Maiden name SARAH BEEMAN
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)
16. (a) Informant Edgar W. Leftwich
(b) Address 3201 N.W. 26 Okla City
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 29 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 7-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27TH year 1947 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from 7-20 1947 to 7-27 1947; that I last saw him alive on 7-27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure - Insufficiency
Due to Cardio-renal vascular disease
Due to Old age
Other conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 131 a

Duration

PHYSICIAN

Underline the cause of 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 2
23. Signature A. A. Chaquette Jr. (M. D. or other)
Address 929 Bryant Bldg. Date signed 7/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg.

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C. 3, 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.