

NOV 22 1939

STANDARD CERTIFICATE OF DEATH

State File No. 36273
Registrar's No. 300

Registration District No. 398 Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days) 7:17

3. (a) PRINT FULL NAME Mildred E. Liddle
3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 1-1922
(Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Independence Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Prescott's 5-10 cent store

12. Name George B. Liddle

13. Birthplace Independence Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mildred E. Allen

15. Birthplace Independence Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George B. Liddle

(b) Address Independence, Mo

17. (a) Burial (Burial, cremation, or funeral) (b) Date thereof 10/21/39
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director George E. Benson

(b) Address Independence, Mo

19. (a) 10-5-36 (Date received local registrar) (b) J. L. Cook (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Box 3, Powell Road (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1939 hour 1:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from Sept 27, 1939 to Oct 1, 1939; that I last saw her alive on Oct 1, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Fever Duration 4 wks
(Bacillus Or H Post)
Due to 1-6407

Due to _____
Other conditions Pyelitis 1/20/39
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy None
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature George E. Benson (M.D. or other) 10/21/39
Address Independence, Mo Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Levin Perry....., Registered Apprentice No. *179*
working under my personal supervision.

Signed *Frank R. Bick*.....

Licensed Embalmer No. *2467*.....

P. O. Address *Independence, 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, above space should be left blank.