

FILED APR 15 1943

Registration District No. 746

Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1634 Sterling
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1634 Sterling
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Langley L. Bierly

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma S. Bierly 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Jan. 30, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87	1	17	hr. _____ min.
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9. Birthplace _____ Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Bierly

13. Birthplace _____ Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Amenda J. Tolly

15. Birthplace _____ Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Lily Davis

(b) Address 1634 Sterling

17. (a) Burial (b) Date thereof Mar. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence, Missouri

19. (a) 3-18-1943 (b) James H. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1943 hour 12.20 minute A. M.

21. I hereby certify that I attended the deceased from Feb 20th 1943
still being consulted
that I last saw him alive on Feb 25th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Left ventricular failure few hrs

Due to age, Arteriosclerosis
Myocardial degeneration

Due to _____

Other conditions: Attack Herpes Zoster
(Include pregnancy within 3 months of death)

Duration

93d

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: This man had a sudden
in the nite about half hr before
his death and was seen by a
substitute physician (Dr. Woods)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 place of place)

23. Signature George [Signature]
(M. D. or other)

Address Independence, Missouri Date signed 3/17/43

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

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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 *me*

Registered Apprentice No. _____

working under my personal supervision.

Signed *Palmer Perkins*

Licensed Embalmer No. *3604*

P. O. Address *Indep. 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.