

FILED JUN 11 1943

Registration District No.

Primary Registration District No. 3048

Registrar's No. 71

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 minutes
In this community 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 103 West 7th
(If rural, give location) no
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Hank Liddle
(b) If veteran, name war no (c) Social Security No. 495-01-5835

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15 year 43 hour 12:50 min. A.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel Liddle 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased July 17 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5 1941 to May 15 1943
that I last saw him alive on May 15 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis
Duration

8. AGE: Years 54 Months 9 Days 29 If less than one day hr. min.

Due to

9. Birthplace Holden Missouri
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation telephone wire checker

Other conditions Severe Chronic Bronchitis
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name Wm. Henry Liddle
13. Birthplace unknown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hank
15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

Major findings:
Of operations 93e
Of autopsy

16. (a) 103 West 7th Maryville Mo
(b) Address burial
17. (a) Miriam Cemetery (b) Date thereof 5-17-43
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director Pine Funeral Home
(b) Address Maryville Mo
19. (a) 5-17-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) Means of injury

23. Signature Maryville Mo (M. D. or other) Date signed 5-17-43
Address

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

74
1
2

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Clum M. Price*

Licensed Embalmer No..... *1822*

P. O. Address..... *Manville 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.