

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None 3011 Grand**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether)  
In this community **30 years**  
years, months or days

3. (a) PRINT FULL NAME **Mary Lelia Liggett**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **700-492-18-25 1/2**

4. Sex **F.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Feb 29, 1884**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **2** Days **11** If less than one day  
hr. min.

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

10. Usual occupation **Milliner**

11. Industry or business **Millinery**

MOTHER FATHER

12. Name **William J. Liggett**

13. Birthplace **Platte, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Gaines**

15. Birthplace **Platte, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. A. Cox**

(b) Address **Ferrelview, Missouri**

17. (a) **Burial** (b) Date thereof **5-14-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithville, Mo.**

18. (a) Signature of funeral director **Steinbacher's**

(b) Address **M. C. N. Steinbacher**

19. (a) **5-13-44** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3011 Grand**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **13**  
year **1944** hour **4 1/2** minute **44** M.

21. I hereby certify that I attended the deceased from **19**;  
**19**;  
that I last saw h. **alive on** **19**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis  
Chronic form myocarditis  
acute pulmonary edema**  
Due to **acute pulmonary edema**

Due to **acute pulmonary edema**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **93%**  
Of operations  
Of autopsy **see above**

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 **John E. Brown** (M.D. or other)  
Address **3 J. E. Brown** Date signed **5-13-44**

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

AUG 30 1945

**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 Thos J. Steinbacher  
Licensed Embalmer No. 3938  
P. O. Address Kc 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.**