

FILED MAR 19 1945
1949

Registration District No. _____

Primary Registration District No. **1002**

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: **K. C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
In this community **2 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Oscar R. Liddle**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Ethel Jackson Liddle** 6. (c) Age of husband or wife if alive, **years**

7. Birth date of deceased **February 10, 1862.**
(Month) (Day) (Year)

8. AGE: Years **83** Months **0** Days **15** If less than one day hr. min.

9. Birthplace **Denmark Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Accountant**

11. Industry or business **Bank**

12. Name **George Liddle**

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

14. Maiden name **Sarah Williams**

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

16. (a) Informant **Mrs Don Plagman**

(b) Address **449 West 68 St. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **2/28/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden, Missouri**

18. (a) Signature of funeral director **Canaday & Ropp**

(b) Address **Holden, Missouri**

19. (a) **3-28-45** (b) **T. E. Brasen (U.S.)**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **449 W. 68**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February**, day **25**
year **1945** hour **12** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **February 19, 1945** to **February 25, 1945**
that I last saw him alive on **February 25, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of month**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **None**

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 **Clark W. Seelye M.D.**
Address **Med. Dir. Gen'l Hosp.** Date signed **2-26-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
3
2

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 M. L. Canaday
Licensed Embalmer No. 3434
P. O. Address Halden 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.