

U. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 29 1945  
1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8687**  
Registrar's No. **1240**

Registration District No. **199** Primary Registration District No. **1002**

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

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 **A**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 55 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **40**

(c) City or town Kansas City **5**  
(If outside city or town limits, write "RURAL")

(d) Street No. 314 W. 9 St. **8**  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles H. Liggett

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male **0**

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced **3**

6. (b) Name of husband or wife Mrs. Elizabeth Liggett

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased 6 24 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1945 hour 12 minute 28 A. M.

21. I hereby certify that I attended the deceased from March 12 1945 to March 15 1945  
that I last saw him alive on March 15 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 8 Days 22 hr. 21 min.

Immediate cause of death Suppurative cellulitis with septicemia **Duration**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 152  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired Railroad Brakeman

11. Industry or business \*\*\*\*\* Liggett

12. Name \_\_\_\_\_

13. Birthplace Unknown **9**  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown **7**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above

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

16. (a) Informant Mr. George Liggett

(b) Address 314 West 9th. Street

17. (a) Burial (b) Date thereof 3-17-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park, Kansas

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 3-17-45 (b) T. E. Bavin (V3)  
(Date received local registrar) (Registrar's signature)

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? **1.**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Years of injury \_\_\_\_\_

23. Signature Clark W. Sealy (M. D. or other) **3-15-45**  
Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

**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.....

*Joe B. Yoder*

Licensed Embalmer No..... *4173*

P. O. Address..... *918 Brooklyn*

**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.

*K. C. Mo -*