V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16734

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2334

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: 2707 East 35th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2707 East 35th Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Julia E. LIDDY

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Liddy
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April (Month) 17 (Day) 1873 (Year)

8. AGE: Years 73 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Elias Truman
13. Birthplace Wheeling (City, town, or county) West Va. (State or foreign country)

MOTHER
14. Maiden name Margaret Worley
15. Birthplace Cadiz (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. R. W. Anderson
(b) Address 21 West 58th, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eyler
(b) Address 1800 E. Linwood Blvd.

19. (a) 5-25-46 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1946 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from 1933 19 to May 24 1946 that I last saw her alive on May 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Arterio Sclerosis
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — 93d

Duration

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

23. Signature R W Anderson M.D. (or other)
Address 915 Argyle Bldg. Date signed May 24, 1946

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 7995

P. O. Address..... KC

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.