No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33651

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4619

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 5411 PASEO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 36 YEARS
years, months or days)

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. 5411 PASEO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

48
3
8
0

3. (a) PRINT FULL NAME JOSEPH. ANSLEY LIGGETT
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ELLA MAY LIGGETT
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased SEPT 25 - 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	6	____ hr. ____ min.

9. Birthplace SALINE CO. MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business PLUMBING & HEATING
FATHER
12. Name JOSEPH. LIGGETT
13. Birthplace ARROW ROCK MISSOURI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name KATE MARIAH WINN
15. Birthplace SALINE CO. MO (City, town, or county) (State or foreign country)
16. (a) Informant MRS. ELLA MAY LIGGETT
(b) Address 5411 PASEO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Paola, Kansas
18. (a) Signature of funeral director O. W. Newcomer's Son
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 11-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 31 ST year 1946 hour 8 minute 25 P M.
21. I hereby certify that I attended the deceased from Oct 27, 1946, to Oct 31, 1946 that I last saw him alive on Oct 31, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	4 days
Due to Chronic Myocarditis	
Due to	
Other conditions Parkinson's Disease (n. m. o.) (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93 d

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 Harold B Clark (M. D. or other) MD
Address 730 Reactor Bldg Date signed 11-1-46

(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 E. O. Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.