

Registration District No. 146 Primary Registration District No. 5568 State File No. Registrar's No. 207

1. PLACE OF DEATH:
Jackson
(a) County Rural Blue Township
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spring Branch Road RFD #3
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Rural Blue Township
(d) Street No. RFD #3 Indoen. Missouri 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. None

3. (a) PRINT FULL NAME George Liddle
3. (b) If veteran, name war. No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 29th year 1947 hour 4 minute 50 a.m.

4. Sex Male 0
5. Color of race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Elizabeth Agnes
6. (c) Age of husband or wife if alive. Deceased years
7. Birth date of deceased July - 16 - 185-6 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 18 1947 to June 29 1947 that I last saw him alive on June 28 and that death occurred on the date and hour stated above.
Immediate cause of death. Chronic endocarditis
Duration

8. AGE: Years Months Days If less than one day
90 11 13 hr. min.

Due to Coronary sclerosis

9. Birthplace Durham County, England 4 (City, town, or county) (State or foreign country)

Due to

10. Usual occupation Retired Farmer
11. Industry or business Self Employed

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name George Liddle ;
13. Birthplace Durham County, England 4 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Durham County, England 7 (City, town, or county) (State or foreign country)

Major findings:
Of operations 92P
Of autopsy

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

16. (a) Informant Mrs. Ethel Bessmer
(b) Address RFD #3 Independence, Missouri
17. (a) Burial (b) Date thereof 7 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

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?

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri
19. (a) 7-1-47 (b) (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (Specify type of place) (c) Means of injury 2
Address Independence, Mo. Date signed 6/30/47

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

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.....

William H. Schlenker

Registered Apprentice No. *439*

working under my personal supervision.

Signed.....

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.