No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27787

Registrar's No. 3459

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: 3034 Tracy Avenue 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 5 years

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.: 3034 Tracy Avenue 8
(If rural, give location) 0
(e) Citizen of foreign country?: no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Joseph LIELL
3. (b) If veteran, name war: no
3. (c) Social Security No.: 514-10-7415
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Nora P. Liell
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 29, (Day) 1882 (Year)

8. AGE: Years 64 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace: Lenexa, (City, town, or county) Kansas (State or foreign country) 7
10. Usual occupation: Fireman
11. Industry or business: Northeast High School
FATHER
12. Name: Phillip Liell
13. Birthplace: ---- (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name: Ann Hofer
15. Birthplace: ---- (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant: Mr. Clarence F. Liell
(b) Address: 3034 Tracy Ave., KC, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greeley, Kansas
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 8-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 11
year: 1947 hour: 3 minute: 30 P. M.

21. I hereby certify that I attended the deceased from July 2, 1943 to Aug. 11, 1947 that I last saw him alive on Aug. 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction	Few min.
Recent Coronary occlusion	Few hrs
Old Coronary occlusion	4 yrs.
Due to: Arteriosclerosis	1 yrs.
Cardiac decompensation	1 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NS	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 0
While at work?: (e) Means of injury:

23. Signature: Harold M. Roberts (M. D. or other) M.D.
Address: 1103 Grand KCMO Date signed: 8-12-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harold Roberts

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 Russell M. Frame

Licensed Embalmer No. 4255

P. O. Address K C 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.