S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38573

FILED NOV 25 1947

Registration District No. 750 — Primary Registration District No. 5572 — Registrar's No. 185

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town ~~KANSAS CITY~~ RURAL PRAIRIE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution #50 HILLTOP GARDENS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - (Specify whether
In this community LIFE
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. #50 HILLTOP GARDENS.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - -

3. (a) PRINT FULL NAME IRENE LOIS PIPER LISCOMB.
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. RAYMOND LISCOMB
6. (c) Age of husband or wife if alive - - - years
7. Birth date of deceased APRIL 25 - 1884 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 16 If less than one day ....hr. ....min.

9. Birthplace KANSAS CITY MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business AT HOME
FATHER
12. Name CHARLES PIPER
13. Birthplace ENGLAND. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ESTHER McGREGOR
15. Birthplace NEW YORK. (City, town, or county) (State or foreign country)
16. (a) Informant MRS. W. L. WALL
(b) Address R.R.#3 LEES SUMMIT, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 13 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. WASHINGTON CEM KC MO.
18. (a) Signature of funeral director O. H. Newcomers Sons
(b) Address 1401 BRUSH CREEK BLVD KC MO.
19. (a) 11-13-47 (Date received local registrar) (b) Donald C. Emshaw (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1947 hour 3 minute 3:30 A.M.
21. I hereby certify that I attended the deceased from Nov 10 1947 to Nov 11 1947 that I last saw her alive on Nov 11 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	3 hrs
Due to Coronary occlusion	3 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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)
While at work? (e) Means of injury
23. Signature F. L. Hoffman (M. D. or other)
Address Roy Bldg Date signed 11-11-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Keytesville, Mo.

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C. 3 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.