

S. No. 300
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I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19752
Registrar's No. 189

Registration District No. 146

Primary Registration District No. 3026

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Hours
In this community 10 Hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington 3
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3: (a) PRINT FULL NAME George Lierman
3. (b) If veteran, name war World War II 3. (c) Social Security No. 496-07-7936

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14 year 1948 hour 7 minute A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia Lierman
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Sept. 12 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Shock Duration _____

8. AGE: Years Months Days If less than one day
32 8 2 hr. _____ min.

Due to 30 Burns Entire Body (Gasoline Stove)

9. Birthplace Lexington Mo 0
(City, town, & county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation River Worker

Major findings: Of operations Deputy Coroner PHYSICIAN _____

11. Industry or business

12. Name George Lierman

13. Birthplace Lexington Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Grace Hurstman

15. Birthplace Dover Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Lierman

(b) Address Lexington, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 14 1948
(Month) (Day) (Year)

(c) Place of burial or cremation Lexington, Mo

18. (a) Signature of funeral director Dixon L. Tapley

(b) Address Independence, Mo

19. (a) 5-16-48 (Date received local registrar) (b) James S. Craig (Registrar's signature)

Of autopsy History & Inspection 1515

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 5/13/48 Accident 5/11

(b) Date of occurrence 5/13/48

(c) Where did injury occur? Lexington, Lafayette, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (c) Means of injury Burns

23. Signature A. E. Cooper, M.D. (M. D. or nurse) Date 5/14/48

Address 2800 Main Date _____

(Licensed Embalmer's Statement on Reverse Side)

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

4

AUG 11 1948

JUN 17 1948

JUN 30 1948

AUG 12 1948

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.....

Dale A. Oldfield

....., Registered Apprentice No. *31*

working under my personal supervision.

Signed *Dixon L. Kepley*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.