

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FILED FEB 27 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3532
Do not use this space.

1. PLACE OF DEATH
 (a) County Ripley Registration District No. 750
 (b) Township Rural Primary Registration District No. 5985
 (c) ~~City~~ Rural (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Franklin Ligon
 (a) Residence, No. 250 St. Henderson (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Callie Ligon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co Ky

FATHER
 13. NAME J Ligon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Callie Ligon
 (ADDRESS) Henderson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Chapel Cem DATE 1-12- 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Winnifred Litch
Naylor Mo

20. FILED Jan 11, 1940 E. B. Johnston
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1940, to Jan 6 1940
 I last saw him alive on Jan 6 1940. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
 Other contributory causes of importance: Influenza
 Name of operation _____ Date of _____
 What test confirmed diagnosis? denied Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1940
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. H. Williams, M. D.
 (Address) Henderson

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16605

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.

RECEIVED

District Health Officer No. 5.

District File Number 140134

Date Filed 1.31.40

Signed B. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor 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, above space should be left blank.