S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 18 1941

Registration District No. 625

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3031

State File No. 38986

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether

In this community Gentry Co 83 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry 38

(c) City or town Stanberry 3 (If outside city or town limits, write "RURAL") 0

(d) Street No. 112 Main St (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Henry Liggett

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex Mared

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Myrtle Liggett

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug (Month) 9 (Day) 1858 (Year)

8. AGE: Years 83 | Months 3 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace Gentry Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Retired Former Stockman

11. Industry or business Farm

FATHER
12. Name Enoch Liggett
13. Birthplace Howard Co MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Wilson
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant R. S. Liggett

(b) Address Stanberry MO

17. (a) Burial (Burial, ~~cremation, or re-burial~~) (b) Date thereof 11-24-41 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Stanberry MO

18. (a) Signature of funeral director Laton H. Phillips

(b) Address Stanberry MO

19. (a) 11/23/41 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Oct 25 1941 to Nov 21 1941 that I last saw him alive on Nov 21 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Neck

Due to

Due to Myocardial degeneration

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration

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

55

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 W. M. Warris (M. D. ~~or other~~)

Address Maryville MO Date signed 11/22/41

556 (Licensed Embalmer's Statement on Reverse Side)

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 Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoneham M

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.