V. S. No. 2
M—11-10-39
ev. 5-17-39
1 X21492

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

96
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0

560
7/42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19027

State File No.

Registration District No. 84 Primary Registration District No. 200 Registrar's No. 1144

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)

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

In this community 18 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0097

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3501-A Franklin Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LIGON, George P.

3. (b) If veteran, name war World War.

3. (c) Social Security No. 493-01-3224

4. Sex Male 2

5. Color or race colored

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 27 (Day) 1895 (Year)

8. AGE: Years 47 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Clarksville (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Bell Boy

11. Industry or business Hotel

FATHER
12. Name Peter Ligon
13. Birthplace ? (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Lucy Turner Tenn. 1
15. Birthplace ? (City, town, or county) //// (State or foreign country) 1

16. (a) Informant

(b) Address Government Records, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-27-42 (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Tenn

18. (a) Signature of funeral director J H Randle & Son

(b) Address 3133 Bell ave

19. (a) MAY 25 1942 (Date received local registrar) (b) C. G. McGarvey (Registrar's signature) 707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1942 hour 8 minute 25 A M.

21. I hereby certify that I attended the deceased from 12/8/41, 19__, to 5/24/42, 19__; that I last saw him alive on 5/24/42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Calculus renal right with pyelonephritis, and loss of left kidney (operative)	Unknown 3 mo.
Due to	
Due to 133 K1	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Left nephrectomy Feb. 1942 at Barnes Hospital, St. Louis, Mo.

Of autopsy None.

PHYSICIAN — Underline the cause to 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 0

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 5/24/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 194[illegible]

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.