DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26822

State File No.

FILED SEP 3 1942

Registration District No. 40 — Primary Registration District No. 5122 — Registrar's No.

17-39
X29484

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

1. PLACE OF DEATH:
(a) County: ~~Callaway~~ Boone
(b) City or town: Hallsville — Rural Route
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rocky Fort Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Hallsville, Rural Route
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

10 / 0 / 0

3. (a) PRINT FULL NAME: MARTHA SOUDER LIGON
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Thomas Payton Ligon
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 6 (Month) 1 (Day) 1870 (Year)

8. AGE: Years 72 — Months 1 — Days 7 — If less than one day ..... hr. ..... min.

9. Birthplace: Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Souder
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Martha Wright
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Meda Gibson
(b) Address: McBaine, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Old Cedar
18. (a) Signature of funeral director:
(b) Address: Columbia, Mo.
19. (a) Aug 3 1942 (Date received local registrar) (b) Mrs. R. J. Bryan (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month: July day: 7 year: 1942 hour: 11:00 minute: P. M.
21. I hereby certify that I attended the deceased from June 1st, 1942, to July 7th, 1942; that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration
Due to: Chronic Bright's Disease
Due to:
Other conditions (Include pregnancy within 3 months of death): Stroke several months ago
Major findings:
Of operations:
Of autopsy:

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:
23. Signature: Boyd Simpson (M. D.)
Address: 506 Cherry St. Columbia Date signed: 7-8-42

1243 (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 W H Vandeventer

Licensed Embalmer No. 2494

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26822

Registration District No. 40 Primary Registration District No. 5122-4067 Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County ~~Callaway~~ Boone

(b) City or town Rural, Rock Fork Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution at home June 1 to July 7, 1942 (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Hallsville, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha S. Ligan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 1 (Day) 1942 (Year)

8. AGE: Years 92 Months 1 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Aug 9, 1942 (Date received local registrar) (b) Mrs Ralph Bryan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day year 1942 hour minute M.

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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY