

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 4 1942

Registration District No. 187

Primary Registration District No. 4293

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Elberon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Elberon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME

James Wesley Ligon

3. (b) If veteran, name war _____

(c) Social Security No. _____

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattie Ligon
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov. 7 - 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 8
year 1942 hour 11 minute am

21. I hereby certify that I attended the deceased from August 6, 1942, to August 8, 1942, that I last saw him alive on August 8 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to _____
Due to _____

Duration

Other conditions (include pregnancy within 3 months of death) 932

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 82 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Linn County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor and Plumber

11. Industry or business

12. Name John Henry Ligon

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza C. Ligon

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr Everett Ligon

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof Aug 10 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Clifton W. Red

(b) Address Elberon, Missouri

19. (a) Aug 12 1942 (b) A. B. Williams
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Richard L. Nelson (M. D. or other) Dr.

Address Elberon, Missouri Date signed 9/9/42

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

Rev. 5-17-39 I X1931

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.

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 Aug 18 - 194

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chifton Miller
Licensed Embalmer No. 3364
P. O. Address Elizabethton, Tennessee

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.