S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006 (5-1-2-0)

State File No. 5799

Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 701 Hickman Ave (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: 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: 701 Hickman Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME: Edgar Alexander Liggett
3. (b) If veteran, name war: —
3. (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: Viola Liggett
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 30 (Day) 1876 (Year)
8. AGE: Years 66 Months 1 Days 22 If less than one day ____ hr. ____ min.
9. Birthplace: Howard County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Barber
11. Industry or business: "
MOTHER FATHER
12. Name: Harvey Liggett
13. Birthplace: Howard County (City, town, or county) Mo (State or foreign country)
14. Maiden name: Mary Ann Jamick
15. Birthplace: Howard Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs E L Liggett
(b) Address: 701 Hickman Columbia Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Ridge Cemetery
18. (a) Signature of funeral director: Guy T. Halley
(b) Address: Fayette Mo
19. (a) 2-22-1943 (Date received by local registrar) (b) Edna F. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22 year 1943 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Jan 20 1943 to Feb 22 1943 that I last saw him alive on Feb 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	3 wks
Due to: Arteriosclerosis	4 yrs
~~Due to~~ Thus, he also had chronic gastro-intestinal disorder	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: no
Of autopsy: no

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: A W Kampschmidt (M. D. ~~or other~~)
Address: Columbia, Mo. Date signed 2-22-43

1200

(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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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, fact should be so stated above.