

No. 2
1-5-42
5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21118

State File No.

FILED JUL 2 1943

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 273

1. PLACE OF DEATH:

(a) County CLAY

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

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

(d) Length of stay: In hospital or institution no (Specify whether years, months or days) 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴

(c) City or town Excelsior Springs, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 509 Benton
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH CLAUDE LIGON

3. (b) If veteran, name war no

3. (c) Social Security No. 500-07-3190

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1943 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from March 1 1943 to May 30 1943 that I last saw him alive on May 30 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ROSABELLE LIGON 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased June 12 1877
(Month) (Day) (Year)

Immediate cause of death Cancer lungs by metastasis

Due to Cancer of liver

Due to 46 f

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

65 11 18 hr. min.

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

10. Usual occupation grocery clerk

11. Industry or business

12. Name William R. Ligon

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

14. Maiden name Mary Elizabeth Thoms

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

16. (a) Informant Claude Ligon

(b) Address 509 Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/43
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs

19. (a) 6-2-43 (Date received local registrar) Mrs. Edie Redman (Registrar signature)

Major findings: Of operations

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no (Specify type of place) (e) Means of injury

23. Signature J. D. Ligon (M. D. or other)

Address Excelsior Springs Date signed 3/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-1-43

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.