

FILED JUN 2 1947

State File No. _____

Registration District No. 376

Primary Registration District No. 6282

Registrar's No. 12

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town MACOMB
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 yrs omo 17 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wright (b) County Wright 114
(c) City or town Macomb (Rural) 0
(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 Charles Luther Liggett

MEDICAL CERTIFICATION

3. (b) If veteran, name war 140 3. (c) Social Security No. N.A.N.C.

20. DATE OF DEATH: Month Feb day 26 year 1947 hour _____ minute 9A. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN 9 1879 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Coronary thrombosis Duration 2 hrs

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

Due to _____
Due to _____

10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations AAA

12. Name William H. Liggett
13. Birthplace TENN. (City, town, or county) (State or foreign country)
14. Maiden name SARAH BUCHANAN
15. Birthplace TENN. (City, town, or county) (State or foreign country)

Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Geo. B. Leggett
(b) Address Wichita Kansas
17. (a) BURIAL (b) Date thereof MAR 2 - 1947 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MACOMB CEM

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

18. (a) Signature of funeral director J.A. Stoffe
(b) Address MANFIELD MO
19. (a) 4-28-47 (b) Mrs. A. B. Warham (Date received local registrar) (Registrar's signature)

(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) (c) Means of injury 3
23. Signature J.A. Stoffe (M. D. or other) (Coroner)
Address 11th Street Date signed 2/26/47

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

14
00

RECEIVED

District Health Officer No. 6,

District File Number 547-569

Date Filed MAY 22 1947

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 J. A. Steffe.....

Licensed Embalmer No. 3221.....

P. O. Address Manassas Md.....

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.