No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10152

Registration District No. 1-2 Primary Registration District No. 5416 Registrar's No.

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town LEACHVILLE ROUT. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buffalo Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution W (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Dunklin 35
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DUEY LONG
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
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH 21th 1901 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	9	4	hr. min.

9. Birthplace WALNUT RIDGE, ARK (City, town, or county) (State or foreign country)
10. Usual occupation FARMING
11. Industry or business
FATHER 12. Name JOHN LONG
FATHER 13. Birthplace ARK (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant C.H. OVERBAY
(b) Address LEACHVILLE ARK
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation SNOW ARK
18. (a) Signature of funeral director HOWARD
(b) Address LEACHVILLE ARK
19. (a) 1-19-43 (Date received local registrar) (b) M.G. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1943 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 18, 1943 to Jan 18 1943; that I last saw him alive on Jan 18 1943; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Self inflicted Gunshot wound
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

164C

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) Suicide
(b) Date of occurrence Jan 18, 1943
(c) Where did injury occur? Cardwell Dunklin MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm at home (Specify type of place)
While at work? NO (e) Means of injury Gun
23. Signature M.C. Glasgow (M. D. or other)
Address Cardwell Date signed 1-18-43

1013 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 843-38
Date Filed 8-16-43

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi 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 X29268

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10182

Registration District No. 102 Primary Registration District No. 0-416 Registrar's No.

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Rural
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Duey Long
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
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: March (Month) 2 (Day) 1901 (Year)
8. AGE: Years 42 Months 9 Days If less than one day hr. min.
9. Birthplace: (City, town, or county) Ark. (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 Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Clardwell Cemetery
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) McMoore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 8 year 1943 hour minute M.
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.

Immediate cause of death	Duration
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