S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22104

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 42

78
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2

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

1. PLACE OF DEATH:

(a) County PEMISCOT

(b) City or town CARUTHERSVILLE, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME
(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 PEMISCOT

(c) City or town CARUTHERSVILLE 78
(If outside city or town limits, write "RURAL")

(d) Street No. EAST 19TH 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country 0

3. (a) PRINT FULL NAME RUTHY JULDEAN LONG

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 1 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 1-12-43 (Month) (Day) (Year)

8. AGE: Years | Months 5 | Days 3 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name EVIN LONG
13. Birthplace MOUNTAIN VIEW (City, town, or county) ARKANSAS (State or foreign country)

MOTHER
14. Maiden name CATHELENA CARTER
15. Birthplace NEWPORT (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant Evin Long
(b) Address Caruthersville, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 16 43 (Month) (Day) (Year)
(c) Place: burial or cremation MAPLE CEMETERY

18. (a) Signature of funeral director J. Smith
(b) Address Caruthersville, Mo

19. (a) 6-17-43 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-15-1943 day ..... year ..... hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from 6-12-1943 ....., 19..., to 6-15-43; that I last saw him alive on 6-14-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Colitis | Duration

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death) 1190

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 J. B. Litton (M. D. or other) MD

Address Caruthersville Mo Date signed 6-16-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER not Embalmed

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

6-43-230