

P. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Braggadocio *Christiansburg*
(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 Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot *77*

(c) City or town Braggadocio
(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 ANDREW CURTIS LONG

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 15 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Pemiscot County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk-laborer

11. Industry or business Retail Stores

12. Name W. A. Long

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

14. Maiden name Clarica Harris

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

16. (a) Informant E. A. Long

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 12/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braggadocio, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 12-28-44 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th.
year 1944 hour About 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him alive on 9:30 A.M. Dec 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: apparently heart failure

Due to Had attacks previously

Due to _____

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

Major findings: 95C
Of operations _____

Of autopsy _____

Duration _____

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?
Back of business home

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature L. E. Bingenheimer (M.D. or other) _____

Address Braggadocio Date signed 12-28-44

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

200

1200

(Licensed Embalmer's Statement on Reverse Side)

12-44-278

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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..... *E. E. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Caruthersville, 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.