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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. 38953

Registration District No. 413 FILED DEC 10 1940 Primary Registration District No. 5559.C. Registrar's No. 52

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co TBC Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 mo (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits write "RURAL")
(d) Street No. 1112 West Daugherty
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME George H Cruse
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 Married
6. (b) Name of husband or wife Eva Cruse
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan (Month) 1 (Day) 1870 (Year)

8. AGE: Years 70 Months 10 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Newton County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business R. R. Conductor
MOTHER FATHER
12. Name Solomon Cruse
13. Birthplace ____ (City, town, or county) Mo. (State or foreign country)
14. Maiden name Nancy Hutchinson
15. Birthplace ____ (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Eva Cruse
(b) Address 1112 W Daugherty St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope
18. (a) Signature of funeral director Neff Bly Und Co
(b) Address Webb City Mo.
19. (a) NOV 5 40 (Date received local registrar) (b) D. L. Rutherford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1940 hour 9 minute 35 a M.

21. I hereby certify that I attended the deceased from June 24 1939, to Nov 2 1940, that I last saw ~~him~~ alive on Nov 1 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to: Cerebral Sclerosis	
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 Jesse E Douglass (M. D. ~~or other~~) 1
Address Webb City MO Date signed 11/2/40

(Licensed Embalmer's Statement on Reverse Side)

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 A. K. Miles, Registered Apprentice No. ..... working under my personal supervision.

Signed A. K. Miles,

Licensed Embalmer No. 347

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, above space should be left blank.