No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

10668 9

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 — OCD APR 10 1941

Primary Registration District No. 2001

Registrar's No. 195

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

9
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital 0 (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 Mo. (b) County Greene 39

(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")

(d) Street No. 210 E. Division 6 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME THOMAS HENDERSON CRUISE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Dec. 4 1871 (Month) (Day) (Year)

8. AGE: Years 69 | Months 3 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace Unknown Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Frisco Engineer

11. Industry or business R.R. Work

FATHER
12. Name Sidney Cruise
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Barnhart
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Owings

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. W. Klingner

(b) Address Springfield, Mo.

19. (a) 3-11-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1941 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov. 1940 to 3/7 1941; that I last saw him alive on 3/6 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tabes dorsalis	?
Due to Lues	?
Due to 30 W	
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 G. B. Lemmon (M. D. or other) M.D.

Address Springfield, Mo. Date signed 3/8 41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Ogle Sloan Jr.

Licensed Embalmer No. 41176

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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