S. No. 2
M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1942

Registration District No. 48

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21335

Primary Registration District No. 422

Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Willow Springs
(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: Home (Specify whether
In this community: 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howell 46
(c) City or town: Willow Springs 2
(If outside city or town limits write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John Cruft

3. (b) If veteran, name war: Spanish

3. (c) Social Security No. None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Wife
Anna Cruft

6. (c) Age of husband or wife if alive: 85 years

7. Birth date of deceased: Aug. (Month) 7, (Day) 1862 (Year)

8. AGE: Years 79 | Months 6 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace: St. Joseph, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Musician

11. Industry or business: Musician

FATHER
12. Name: John Cruft
13. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs Anna Cruft
(b) Address: Willow Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Burks Funeral Home
(b) Address: Willow Springs, Mo.

19. (a) 2-14-42 (Date received local registrar) (b) Marvette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1942 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 5-10, 1941, to 2-12-, 1942
that I last saw him alive on 2-10 —, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pernicious Anemia — Duration: 5 yrs.

Due to:

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: NO

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: 0

23. Signature: C. Gillihan (M. D. or other)
Address: Willow Springs, Mo Date signed: 7/17/42

348 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 442321
Date Filed 2.19.42

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 Thomas R. Burns Jr.

Licensed Embalmer No. 4214

P. O. Address Willow Springs

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.