

**FILED MAR 11 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. **4162**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Daviess Co.**  
(b) City or town **Lock Springs**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
**at home in Lock Springs**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **life time** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**  
(c) City or town **Lock Springs**  
(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 **RUFUS HENKTON MCCRARY**

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

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife **not known**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 21 1867**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **10** Days **24**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **CLEVELAND MCCRARY**  
13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ELIZABETH RAY**  
15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ma Fraser**  
(b) Address **Lock Springs Mo**

17. (a) **Burial** (b) Date thereof **Feb. 9-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **burial cemetery**

18. (a) Signature of funeral director **H. J. Robertson**  
(b) Address **4 Cambridge St. - 3 - Mo.**

19. (a) **2-7-1944** (b) **A. C. Fisherson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7th**  
year **1944** hour **10** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Jan 12**  
**1944** to **Feb. 7** 19**44**  
that I last saw him alive on **Feb. 2** 19**44**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Influenza** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **A. S. Mammie** (M. D. or other) **M.D.**  
Address **Lock Springs Mo.** Date signed **2-9-44**

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

MOTHER FATHER

1084

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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 H. S. Robinson

Licensed Embalmer No. 3001

P. O. Address Jamesport

**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.**