

Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 80

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

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Swedeborg, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Josephine Cruzan

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 29 year 1947 hour 1 minute 35 p. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William J. Cruzan 6. (c) Age of husband or wife if alive 87 years
 7. Birth date of deceased Sept. 11, 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 10, 1944 to Jan. 29, 1947, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>18</u>	hr. min.

Immediate cause of death: Myocarditis
 Due to Cardio-vascular renal disease
 Due to Arterial Sclerosis
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy none

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

10. Usual occupation House Wife

11. Industry or business _____
 12. Name Not Known
 13. Birthplace " " " " (City, town, or county) (State or foreign country)
 14. Maiden name NOT KNOWN
 15. Birthplace " " " " (City, town, or county) (State or foreign country)

16. (a) Informant William J. Cruzan (b) Address Swedeborg, Mo.

17. (a) Burial (b) Date thereof July 2-47 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS (b) Address Crocker, Mo.

19. (a) 7/8/47 (b) Helen C. Crocker (Date received local registrar) (Registrar's signature)

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) _____ (Date of injury) _____
 23. Signature E. W. Miller (M. D. or other) _____
 Address Crocker, Mo. Date signed 7-9-47

Duration 12 days
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 Paul B Hooper
Licensed Embalmer No. 3261
P. O. Address Gracker, 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.