

FILED MAY 10 1943 137

Registration District No. _____

Primary Registration District No. 4214

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

42
90

1. PLACE OF DEATH:

(a) County Henry Deepwater

(b) City or town _____
(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 _____ (Specify whether)

In this community Days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Deepwater Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Albert I Cruzan

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Bella 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 2-27-1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Factory worker

11. Industry or business _____

12. Name Jacob Cruzan

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Good

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Bella Cruzan

(b) Address Deepwater Mo

17. (a) Burial (b) Date thereof 4-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) April 11, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
year 1943 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from April 7
10:30 AM 1943 to _____ 1943

that I last saw him _____ alive on _____ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris,
High Blood Pressure,
died suddenly

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)

23. Signature J. J. Russell (Physician or other)

Address Deepwater Mo Date signed 4-10-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7.

District File Number: 4-43-166

Date Filed: 5-6-43

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: *Fred Willerson*.....

Licensed Embalmer No. 2478.....

P. O. Address: *Clinton 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.