

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13868  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
 (b) Township ..... Primary Registration District No. 3403 Registered No. 87 21  
 (c) City Columbia or ..... (d) Street No. University of Mo Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Raymond Cruse

(a) Residence, No. ..... St.  Salisbury, Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iris Cruse  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1898  
 7. AGE YEARS 42 MONTHS 10 Days 4 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) Nov 1940 11. Total time (years) spent in this occupation 10 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1941  
 22. I HEREBY CERTIFY That I attended deceased for 20 minutes on 4-2-1941  
 I last saw him alive on 4-2-1941. Death is said to have occurred on the date stated above, at 11:45 AM  
 The principal cause of death and related causes of importance were as follows:

Ruptured Peptic Ulcer Date of onset 4-1-41

Other contributory causes of importance: HNW

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify None  
 (Signed) J. L. Elkins, M.D.  
 (Address) University Hospital  
Columbia, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury, Mo.

FATHER 13. NAME Charles Wm Cruse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury, Missouri

MOTHER 15. MAIDEN NAME Sarah C. Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester, Kentucky

17. INFORMANT (ADDRESS) Charles T. Cruse  
Salisbury, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury, Mo DATE 4-4-1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Winkelmeyer  
Salisbury, Mo.

20. FILED 4/2/1941 Allie Selby  
Local Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

*Chas B Winkelmeyer*

Licensed Embalmer No.....

*3842*

P. O. Address.....

*Salisbury, 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, above space should be left blank.**