DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31863

Registration District No. 431 Primary Registration District No. 5588 Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg (Rural)
(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 (Specify whether
In this community 54 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57
(c) City or town Warrensburg Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Eliza Jane Cruse
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Stephen Cruse
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 5 (Day) 1857 (Year)

8. AGE: Years 83 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Armington (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name John M. Tompkins
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Maria Dilloah
15. Birthplace Harpers Ferry (City, town, or county) Va (State or foreign country)
16. (a) Informant Mrs Harley Dickerson
(b) Address Warrensburg - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep - 17 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney - Phillips
(b) Address Warrensburg Mo.
19. (a) Sept 17 - 1941 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep - day 15
year 1941 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 8, 41
, 19 to Sept. 16, 1941
that I last saw her alive on Sept. 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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
23. Signature T. L. Bradley (M.D. or other)
Address Warrensburg Mo Date signed 9/16/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-2-41

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 Earl Priest, Registered Apprentice No. _____ working under my personal supervision.

Signed: Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.