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.

JUL 18 1936

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

Do not use this space.

22322

1. PLACE OF DEATH

County CLAY — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3rd Ward)

File No.

Registered No.

2. FULL NAME CRAMER, John C.

(a) Residence, Vets. Admin. Facility, Excelsior Springs, Mo. (Usual place of abode) — Springfield, Missouri 220 West State St., (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? x yrs. x mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) Mary Lilith Cramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 - 11 - 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x x

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Illinois

FATHER

13. NAME William Russell Cramer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Armenta Cousins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield, Mo. DATE 6-2-36 19

19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Springs, Mo.

20. FILED 6-1- 1936 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, 19, to June 1, 1936, 19

I last saw him alive on June, 1, 1936, 19 Death is said to have occurred on the date stated above, at 9:06 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis and insufficiency	

Other contributory causes of importance:

Hypertension

Arteriosclerosis

Name of operation none Date of --

What test confirmed diagnosis Exam. & Obs. 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?

If so, specify

(Signed) H. C. Hardegree, Clin. Director M. D.

(Address) Veterans Administration Facility Excelsior Springs, Missouri.