

DEC 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade

Registration District No. 300

Township Richland

Primary Registration District No. 5421

City Richland

(No. 1)

File No. 10697

Registered No. 37

St. Richland Ward 1

2. FULL NAME

Amelia Cramer 65'6

(a) Residence, No. 1 St. Richland Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Louis Cramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12-11-1865

7. AGE

YEARS

72

MONTHS

3

DAYS

23

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

House Wife

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

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

11. Total time (years) spent in this occupation

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

Berger Missouri

FATHER

13. NAME

William Schaeffer

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

Germany

MOTHER

15. MAIDEN NAME

Don't Know

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

Germany

17. INFORMANT

William Cramer

18. BURIAL, CREMATION, OR REMOVAL

Good Hope Cemetery DATE 4-5 1938

19. UNDERTAKER

Arnold Hummert

(ADDRESS)

Morrison Mo.

20. FILED

4-9 1938 F. L. Kicker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 3/29, 1938, to 4/3, 1938

I last saw him alive on 4/3, 1938. Death is said to have occurred on the date stated above, at 3:00 p. m.

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

Apeoplexy

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1938

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 ✓

(Signed) Howard Stokman, M. D.

275 (Address) Hermann Mo

