

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

Do not use this space.

13553

REC'D MAY 9 1938

**1. PLACE OF DEATH**

County JACKSON  
 Township Kaw  
 City Kansas City

Registration District No. 399  
 Primary Registration District No. 100V  
 (No. St. Marys Hospital)

File No. 1533  
 Registered No. 1533  
 \* St. Ward)

**2. FULL NAME**

CLARENCE A. KRAMER 656  
 (a) Residence, No. 6700 Elmwood St.,          Ward.

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. (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 (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11, 1894

7. AGE YEARS 43 MONTHS 5 DAYS 26 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice-president  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Columbian Steel Tank Co.  
 10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Kansas City, ks. (STATE OR COUNTRY)

13. NAME Andrew A. Kramer

14. BIRTHPLACE (CITY OR TOWN)..... Kansas City, ks. (STATE OR COUNTRY)

15. MAIDEN NAME Ella Conway

16. BIRTHPLACE (CITY OR TOWN)..... Kansas City, ks. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Andrew A. Kramer 6700 Elmwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 4/9/38 19.....

19. UNDERTAKER (ADDRESS) WILK & TOBIN COMPANY Kansas City, Mo.

20. FILED Apr 9 1938 M.M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938, to 4-7, 1938. I last saw him alive on 4-7, 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Cerebral Hemorrhage  
 Date of onset 3-1  
 Other contributory causes of importance: ?

Name of operation none Date of.....

What test confirmed diagnosis? Chase 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) J. H. Combs, M. D.  
 (Address) Kansas City

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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