

REC'D MAY 17 1938

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

15065
 Do not use this space.

1. PLACE OF DEATH

54 (a) County Lafayette Registration District No. 465
 (b) Township Micholletton Primary Registration District No. 4278 Registered No. 3
 9 (c) City Waverly (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name (instead of street and number) St.
 0 (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. ds.

2. PRINT FULL NAME

Levi Kramer (Levi Kramer) 656
 (a) Residence, No. Waverly Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) WIFE OF Ella (Carpenter) Kramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd farmer
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hooster Ohio
(STATE OR COUNTRY) Wayne County13. NAME John Henry Kramer14. BIRTHPLACE (CITY OR TOWN) Bermanny
(STATE OR COUNTRY)15. MAIDEN NAME Lydian Plank16. BIRTHPLACE (CITY OR TOWN) No history
(STATE OR COUNTRY)17. INFORMANT Mrs Levi Kramer
(ADDRESS) Waverly Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Pass Mo DATE April 6 193819. FUNERAL DIRECTOR Willie Funeral Home
(ADDRESS) Carrollton Mo20. FILED April 16 1938 Elizabeth Corda
Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2 1937, to 4 - 14 1938
 I last saw him alive on 4 - 14 1938. Death is said to have occurred on the date stated above, at 7:30 a. m.
 The principal cause of death and related causes of importance were as follows:

myocarditis chronic

Date of onset
about
1 year

Other contributory causes of importance:
46"
Carcinoma of Left Kidney 6-237

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 _____, 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 _____
 (Signed) Geo A. Kelling, M. D.
Waverly Mo (Address)

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Ralph Van Landingham

Licensed Embalmer No. 4009

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.)