

REC'D JUN 9 1938

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

17826
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
(b) Township Washington Primary Registration District No. 5127 Registered No. 28
(c) City (d) Street No. R.F.D. #5, Sparta Road - St. Joseph, Mo.
(e) Length of residence in city or town where death occurred 50 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? 50 yrs. - mos. - ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Richard H. Kramer 656
(a) Residence, No. R.F.D. #5, St. Joseph, Mo. St.
(Usual place of abode, if no street address, write county or city) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1878.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Filling Station Operator.
9. Industry or business in which work was done, as saw mill, bank, etc. Own Station.
10. Date deceased last worked at this occupation (month and year) May 1, 1938. 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown Germany.

FATHER 13. NAME John Kramer
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Amanda Kramer R.F.D. #5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Agency Cemetery
PLACE Agency, Mo. DATE May 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) H.O. Sidenfaden and Son 1902 Union St. St. Joseph, Mo.

20. FILED May 7, 1938 Myrtle M. Hanson Local Registrar (Address) King Hill Bldg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1938.22. I HEREBY CERTIFY, That I ~~was~~ viewed deceased from May 5, 1938, to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 1:45P m.

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

Suicide by fire arms

Date of onset

Other contributory causes of importance: none

Name of operation..... no Date of.....
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 5/5, 1938

Where did injury occur Buchanan County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Home
Manner of injury Gun shot injury
Nature of injury Penetrated brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify B.W. Tadlock Coroner, M. D.
(Signature) (Address)

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E. -----

No. ----- or by -----, Registered Apprentice No. -----

working under my personal supervision.

Signed

Elbert E. Harrington

Licensed Embalmer No. 3258.

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.)