

RECD JAN 23 1938

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

43933

Do not use this space.

1. PLACE OF DEATH

(a) County NewtonRegistration District No. 6 11(b) Township BuffaloPrimary Registration District No. 58 13

(c) City.....

(d) Street No.

Registered No.

(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

CHRIS JOHN KRAMBERG(a) Residence, No. 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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSarah E. Hitchcock

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

Dec. 23-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.6944

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Farmer9. Industry or business in which work
was done, as saw mill, bank, etc.None10. 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)Camp Point
Illinois

FATHER

13. NAME

Mr Kramberg14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

WILHELMINE LEIGER16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Fred Kramberg
Neosho Mo. R. 4

18. BURIAL, CREMATION OR REMOVAL

PLACE Wichita, Kans. DATE 12-26-193819. FUNERAL DIRECTOR
(ADDRESS)Blutauzard
Seneca Mo.20. FILED 1/2/38 19 38male male
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec 14 1938 to Dec 23 1938I last saw him alive on Dec 23 1938. Death is saidto have occurred on the date stated above, at 8-30 PM.

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

chronic myocarditis Date of onset

Other contributory causes of importance:

chronic Parenchymatousnephritis

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?.....

If so, specify.....

(Signed) T. B. Drenth M. D.(Address) Seneca Mo.

STATEMENT BY LICENSED EMBALMER

I, Blaine W. Buzzard, Licensed Embalmer No. 2334
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 Blaine W. Buzzard
Licensed Embalmer No. _____

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Newton Registration District No. 611
 (b) Township Buffalo Primary Registration District No. 3813 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Chris John Kramberg
 (a) Residence, No. St. (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ni

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
supposedly Fortson Bar

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2/24 1939 Merle Harlin
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

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 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. B. Duenkel M. D.

(Address) Denecan, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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 very important. ROWENA MOORE

