

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

26495
Do not use this space.

AUG 14 1939

1. PLACE OF DEATH *Pettis*
(a) County.....*Pettis*..... Registration District No. *668*
(b) Township..... Primary Registration District No. *6683032* Registered No. *218*
(c) City.....*Sedalia*..... (d) Street No. *1532 E 5* 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 *William David Cramer*
(a) Residence, No. *1532 E 5* St. (If nonresident, 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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Ann Cramer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 14 1870*

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<i>68</i>	<i>7</i>	<i>21</i>	

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

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

10. Date deceased last worked at this occupation (month and year) *June 1937*

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morgan Co Mo*

FATHER

13. NAME *David Cramer*

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

MOTHER

15. MAIDEN NAME *Lavinia Stephens*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morgan Co Mo*

17. INFORMANT (ADDRESS) *Mrs W D Cramer Sedalia*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Crown Hill* DATE *July 8 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Mrs Sadie B... Sedalia Mo*

20. FILED *July 8 1939* *Harry S. Sneed* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5 1939*

22. I HEREBY CERTIFY that I attended deceased from *As Coroner, case only* 19...
I last saw *As Coroner, case only* Death is said to have occurred on the date stated above, at *6:00 p. m.*
The principal cause of death and related causes of importance were as follows:
Coronary embolism Date of onset *9/20*

Other contributory causes of importance:
Coronary sclerosis
arteriosclerosis general
chronic myocarditis.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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 *Golden Hauppel* M. D.
(Signed) *Coroner Pettis Co*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/28/59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.