

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

*Myer*

36867

Do not use this space.

NOV 24 1939

**1. PLACE OF DEATH**

(a) County Pettis Registration District No. 668  
 (b) Township..... Primary Registration District No. 3032 Registered No. 293  
 (c) City Sedalia (d) Street No. 1309 East 11th. 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** 656 Susannah Jane Cramer

(a) Residence, No. 1309 East 11th. 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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>T.D.Cramer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 3, 1861</u>				
7. AGE YEARS <u>78</u>	MONTHS <u>0</u>	DAYS <u>11</u>	IF LESS than 1 day, .....hrs. or .....min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	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)..... Bainbridge  
 (STATE OR COUNTRY) Ohio

FATHER  
 13. NAME Fred Vandeman  
 14. BIRTHPLACE (CITY OR TOWN)..... DK  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Susannah Jane ?  
 16. BIRTHPLACE (CITY OR TOWN)..... DK  
 (STATE OR COUNTRY)

17. INFORMANT T.D.Cramer  
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Crown Hill DATE Oct. 16, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
 (ADDRESS) Sedalia, Mo.

20. FILED 10-16- 1939 Mrs Harry Sneed (Address) Sedalia, Mo.  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from 1938, 19....., to Oct 14, 1939  
 I last saw her alive on Oct - 2, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Hypertension

Other contributory causes of importance:  
Hypertension

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) ASD Myer, M. D.  
Sedalia, Mo.

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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AUG 9 1944

RECEIVED  
District Health Officer No. 8  
District File Number 117/39  
Date Filed

**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, .....

*L. E. Bouldin*

....., or by .....

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

Signed *L. E. Bouldin*

Licensed Embalmer No. *3867*

P. O. Address *Sedalia Mo*

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.