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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18256

State File No. _____

Registration District No. 222

Primary Registration District No. 4185

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pilot Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community about 70 yrs.
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Theresa Kramel

8. (b) If veteran, name war ✓

8. (c) Social Security No. 654

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Tom Calawson

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased unknown, about 100 yrs.
(Month) (Day) (Year)

8. AGE: about 100 Years Months Days If less than one day
hr. min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name George Kramel

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret (unknown)

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Gillespie

(b) Address Bedalia Mo

17. (a) (b) Date thereof 5-21-1940
(Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cem, Pilot Grove

18. (a) Signature of funeral director Ways & Son

(b) Address Pilot Grove, Mo

19. (a) May 20/40 (b) Mrs. E. B. McCutcheon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. about 95 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 19, year 1940 hour 50 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 15, 1940, to May 10, 1940

that I last saw her alive on May 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

Other conditions 167
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Chas. Hanly (M. D. or other) _____

Address Pilot Grove Date signed 5/25/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number 6-7-40
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, or by

Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Deyton E. Hayes

Licensed Embalmer No. _____

3074

P. O. Address _____

Pilot Grove, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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