

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41718**
Registrar's No. **36**

Registration District No. **4** Primary Registration District No. **4550**

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

1. PLACE OF DEATH:
(a) County Audraim
(b) City or town Vandalia
(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) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days) 40 yrs

3. (a) PRINT FULL NAME NANNIE CATHERINE KRAMER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lewis P. Kramer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 4 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 23 If less than one day
hr. _____ min. _____

9. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name James Sparks
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Maddox
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tom South
(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof Dec 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo.

18. (a) Signature of funeral director J. S. Tratus
(b) Address Vandalia, Mo.

19. (a) 12/27/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audraim
(c) City or town Vandalia
(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? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 27th
year 1940 hour 5 minute 45 AM.
21. I hereby certify that I attended the deceased from Dec 14, 1940, to Dec 27, 1940;
that I last saw her alive on Dec 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease

Due to _____
Due to _____

Other conditions Chronic bronchitis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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?

9:00
While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature [Signature] (M. D. certifier)
Address Vandalia, Mo. Date signed 12/27/40

RECEIVED

District Health Officer No. 10

District File Number 1-41-62

Date Filed JAN 7 1941

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 A. B. Hatus

Licensed Embalmer No. 33254

P. O. Address Vandalia, Mo.

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, fact should be so stated above.