

FILE FEB 17 1941

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

2746
Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 375
(b) Township Noelaway Primary Registration District No. 5D.R.3 Registered No. 44
(c) City Rural (d) Street No. 1 St. 8
(e) Length of residence in city or town where death occurred 56 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. 8 mos. ds.

2. PRINT FULL NAME

Johanna Catherine Kramer
(a) Residence, No. Holt Co. Mo. St. Rural (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Frederick Kramer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1853
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
87 11 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Germany
13. NAME Fred Hoffmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. U. G. Weigel
18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo. DATE 1-26 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pittsburgh Funeral Service
Oregon Mo.
20. FILED 1-26 1941 Edith Lentz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1941
22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1941, to Jan 25 1941.
I last saw her alive on Jan 29 1941. Death is said to have occurred on the date stated above at 6:10A m.
The principal cause of death and related causes of importance were as follows:

Principal cause of death: Bronchial Pneumonia
Other contributory causes of importance: Influenza
Name of operation None Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

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) M. L. Holliday M. D.
32 (Address) Fillmore 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.

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.....

James H. Pettigrew

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.