No. 2
4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25193

Registration District No. 14 | Primary Registration District No. 4211 | Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 206 West Center
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: /
In this community: 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 206 West Center
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Otto Arthur Kramer
3. (b) If veteran, name war:
3. (c) Social Security No. 495-09-6702
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Vera Hewitt Kramer
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: February (Month) 18 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	5	13	hr. min.

9. Birthplace: Lincoln (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation: Coal operator
11. Industry or business:

FATHER
12. Name: Nick Kramer
13. Birthplace: unknown (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Georgia Scott
15. Birthplace: unknown (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant: Mrs. Otto Kramer
(b) Address: Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation: New Lancaster Cemetery, Miami County, Knasas
18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Missouri
19. (a) (Date received local registrar) (b) 3/1 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour 4:00 p.m. minute M.

21. I hereby certify that I attended the deceased from July 31, 1941, to July 31, 1941, that I last saw him alive on July 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Shock due to accidental explosion of leaking gasoline starting diesel engine on power shovel — Duration: 6 1/2 hours
Due to: Explosion of leaking gas causing body burns
Other conditions: 181
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN: 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): accident 051
(b) Date of occurrence: July 31-41
(c) Where did injury occur? On farm, Johnson, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial on farm. Strip pit coal mine (Specify type of place)
While at work? Yes (e) Means of injury: gasoline

23. Signature: R. E. Jennings (M. D. or other)
Address: Windsor Date signed: 8-2-41

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1946

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1319
Date Filed 8-13-41

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 Ellen M. Kinston

Licensed Embalmer No. 3391

P. O. Address Ulinden, Mo.

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
I—8-21-41
>I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25193

Registration District No. 14 | Primary Registration District No. 4211 | Registrar's No. 20

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
206 W. Center
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Otto A. Kramer

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years 36 | Months | Days | If less than one day: ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

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

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) Sept 24 41 (Date received local registrar) (b) T. J. Simmons Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 8, year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (c) Means of injury .....

23. Signature ..... (M. D. or other)

Address ..... Date signed .....

SUPPLEMENTARY

S-25193