DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1941

Registration District No. 669

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5892

State File No. 29078

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dresden Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 3 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Caroline Marie Cramer
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 Jacob 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 7 (Day) 1859 (Year)

8. AGE: Years 82 Months 1 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Hermann, Gasconade Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
MOTHER FATHER
12. Name Fritz Ott
13. Birthplace State of Wisconsin (City, town or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Brauer
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature J. J. Cramer
(b) Address Smithton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Cem
18. (a) Signature of funeral director A. F. Neuenger
(b) Address Smithton Mo
19. (a) 7-25-41 (Date received local registrar) (b) Mrs D L Wasser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 3 minute A M.
21. I hereby certify that I attended the deceased from 10-10-40, 19__ to 7-24-41, 19__; that I last saw her alive on 7-23-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis Myocarditis	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) 93d	
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [illegible] (M. D. or other)
Address Smithton Mo Date signed 7/24

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-26-41

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. A. F. Neuenswander

Licensed Embalmer No. 3912

P. O. Address Smithton Pa

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.