

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34737

State File No. _____

Dr. Rambo

Registration District No. 813

Primary Registration District No. 3014

Registrar's No. 328

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman H. Kramer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy Kramer 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 29 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation Shoe Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Kramer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Walther
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Carl H. Kramer
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Nov-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Wm J. Gordon
(b) Address Jefferson City, Missouri

19. (a) Nov 10-1941 (b) Herman H. Kramer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8th
year 1941 hour 3:00 am minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on 11/8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic - Pneumonia
Chr. Intestinal
rephritis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 131a

Major findings: Of operations NO
Of autopsy NO

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23: Signature Dr. Rambo (M. Doctor) _____
Address Jefferson City Date signed 11/10/41

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

6
5
4

NOV 13 1949

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..... *Fred P. Dull*.....

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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, fact should be so stated above.