

FILED OCT 2 1942

Registration District No. 256

Primary Registration District No. 4388

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: 1
(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 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Chamois
(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 Fritz Kramer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1942 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Sept 2, 1942, and that death occurred on the date and hour stated above.

4. Sex Male Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: June 8 1873
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

8. AGE: Years Months Days If less than one day

69 2 25 20 hr. 35 min.

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

10. Usual occupation Retired Labor

11. Industry or business _____

12. Name Adolph Kramer

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Chaud Fries

(b) Address St Louis, mo

17. (a) Burial (b) Date thereof Sept 4 1942
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Chamois, City Cemetery

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Otto F. Stockisch

(b) Address Chamois Mo.

19. (a) Sept 4, 1942 (b) Ethel Souder
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury _____

23. Signature ab. Clark DO (M. D. or other) 2

Address Chamois Mo Date signed _____

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

76
00

76
0

570

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 Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chambers, m

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.