

16
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 7 1943

Registration District No. Primary Registration District No. 5182 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural - Shawnee Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cape Rt #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)

In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Cape Rt #1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME John A. Kraemer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1943 hour 11 minute 30 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Louisa Kraemer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 29 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 2 1943 to April 14 1943 that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>15</u> hr. min.

Due to Influenza

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: Of operations..... Of autopsy.....

11. Industry or business.....

12. Name Louis Kraemer

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

14. Maiden name Cent. Know

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

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?.....

16. (a) Informant Mrs. John Farnow

(b) Address Cape Rt #1

23. Signature Dr. J. Deobert (M. D. or other).....

Address Josephine Mo Date signed 4-16-43

17. (a) Burial (b) Date thereof 4-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Egypt Mills, Cent

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

(b) Address Cape Girardeau

19. (a) 4-17-43 (b) Henry W. C. E.
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury 0

RECEIVED

District Health Officer No. ⁷⁰³⁴.....

District File Number ⁵⁴³⁻²⁷⁶⁴.....

Date Filed ⁵⁻⁶⁻⁴³.....

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 *Howard R. Haman*.....

Licensed Embalmer No. *4122*.....

P. O. Address *Cape Girardeau, 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.