S. No. 2
M—2-43
5-17-39
I X35697

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

16879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED JUN 7 1943

Registration District No. 779 Primary Registration District No. 1002 Registrar's No. 2267

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town (Rural) (If outside city or town limits, write "RURAL") 3

(d) Street No. 4950 Blue Ridge Blvd. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME LENORA CRAMER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel H. Cramer

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. 26 - 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name John Wilson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Samuel H. Cramer

(b) Address 4950 Blue Ridge

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

(c) Place: burial or cremation Ottawa Kansas

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 5-17-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour 9 minute a M.

21. I hereby certify that I attended the deceased from April 1st, 1943, to May 15, 1943 that I last saw her alive on April 25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hyper nephroma - left c. metastasis in pubeo-femur -	6 mo
Due to	12 w
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation

Of autopsy no 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 B H Allen (M. D. or other) M.D.

Address Independence, Mo. Date signed 5/16/43

(Licensed Embalmer's Statement on Reverse Side)

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 George E. Carson

Licensed Embalmer No. 2249

P. O. Address Independence

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.