S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Holley

State File No. 17379

FILED JUN 8 1943

Registration District No. 42

Primary Registration District No. ~~1000~~ 3134

Registrar's No. 584

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town "RURAL" Washington Twp

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

(c) Name of hospital or institution: Buchanan County Infirmary 5

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1

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

(d) Street No. 2905 St. Joseph Ave. 7

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME OVID H. CRAMER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased July (Month) 18 (Day) 1888 (Year)

8. AGE: Years 54 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Bethany (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Grocerman

11. Industry or business

FATHER
12. Name Fred Cramer
13. Birthplace Eaglesville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Maggie Schafner
15. Birthplace DeKalb county (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr B. F. Weddle

(b) Address St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 27, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn cemetery

18. (a) Signature of funeral director Heaton - Bettole + Bowman

(b) Address St. Joseph, Mo.

19. (a) 5/27/43 (Date received local registrar) (b) Rose Hagoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from Mar. 1st 1943, to May 25 1943 that I last saw him alive on May 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis Locomotor Ataxia

Duration Dont Know

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 30g

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 Albert E Holley (M. D. or ~~other~~) M.D.

Address 822 Edmond St Joseph Mo Date signed 5/26/43

123 (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 James A Moles

Licensed Embalmer No. 3296

P. O. Address St Joseph 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.