

S. No. 2
M-2.43
5-17-39
I X35697

Dr. H. L. Wilbur

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3161

State File No. _____

FILED FEB 1 1944
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1217 West 20th
(If not in hospital or institution, write street number or location)

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

In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper⁴⁹

(c) City or town Joplin⁵
(If outside city or town limits, write "RURAL")

(d) Street No. 1217 West 20th
(If rural, give location)

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

3. (a) PRINT FULL NAME August Martin Kramer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1944 hour 6 minute 30 A.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: January 7, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 10 1944 to Jan 10 1944
that I last saw him alive on Jan 4 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 0 Days 3
If less than one day _____ hr. _____ min.

Important cause of death: Carcinoma of Colon
Duration 5 Mo

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

Due to _____

Due to _____

10. Usual occupation Retired Mine Supt

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business Retired Rogers Brothers

Major findings: H&E
Of operations _____

12. Name August T. Kramer

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Anna Cramer

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

16. (a) Informant Mrs Edmund Severens

(b) Address 1217 W. 20th St

17. (a) burial (b) Date thereof 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magnes Cem. Joplin Mo

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? _____

(e) Place: burial or cremation _____

(f) Signature of funeral director Thomhill P. Pilon
(Specify type of place) (e) Means of injury

(g) Address Joplin Mo

23. Signature H. Wilbur (M. D. or other) _____
Address Joplin Mo Date signed 1-11-44

1204

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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..... *Cecilia Howhill*

Licensed Embalmer No. *3590*

P. O. Address *Joplin, 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.