

No. 2  
-2-43  
-17-39  
X35627

FILED FEB 1944  
Registration District No. 175

Primary Registration District No. 4212

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Ella Louise Kramer

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

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

6. (b) Name of husband or wife Levi Kramer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 6 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wayne County Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George F. Carpenter

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

14. Maiden name Opheya Anna Dunn

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

16. (a) Informant George Mc Farland

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof Jan. 3, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Nebo Cemetery

18. (a) Signature of funeral director Willis-Marshall

(b) Address Carrollton, Mo.

19. (a) 1-3-1944 (b) Dr. W.A. Braecklein  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec. 30 1943 to Jan 1 1944  
that I last saw her alive on Dec 31 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia Duration \_\_\_\_\_

Due to 13/2

Due to \_\_\_\_\_

Other conditions Cerebral Thrombosis  
(Include pregnancy within 3 months of death)

Chronic interstitial nephritis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. W.A. Braecklein Address Waverly, Mo. Date signed 1/3/44

1187

RECEIVED

District Health Officer No. 8,

Date Recd. 2-8-44

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 myself.

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.