V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6004

Registrar's No. 832

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:
5641 Cherry, St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 5641 Cherry, St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Warry H. Cramer

3. (b) If veteran, name war No

3. (c) Social Security No. 496-01-9258

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Frances L. Cramer

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug. (Month) 10 (Day) 1883 (Year)

8. AGE: Years 60 Months 6 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Paola (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Assistant Mgr.

11. Industry or business Johnsonn Transfer Co.

FATHER
12. Name George L. Cramer
13. Birthplace Paola (City, town, or county) Kansas / (State or foreign country)

MOTHER
14. Maiden name Elcena A. Bradbury RV
15. Birthplace Paola (City, town, or county) Kansas / (State or foreign country)

16. (a) Informant Frances L. Cramer
(b) Address 5641 Cherry, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 2-21-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19
year 44 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Coroner, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Coronary sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above 94a

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 [signature] 0 (M. D. or other) 2/19/44
Address [illegible] Date signed

(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 Walter H. Ervin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.