S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14619

Registration District No. 178 Primary Registration District No. 5439 Registrar's No. 82

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution: OWENSVILLE / ROUTE 3.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town RURAL 27
(If outside city or town limits, write "RURAL")

(d) Street No. OWENSVILLE ROUTE 3.
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM FREDRICK KRAMME

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE ()

5. Color or race WHITE

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

6. (b) Name of husband or wife AGNES SCHNEIDER KRAMME

6. (c) Age of husband or wife if alive 55. years

7. Birth date of deceased NOVEMBER (Month) 15 (Day) 1879. (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	19	✓ hr. ✓ min.

9. Birthplace OWENSVILLE (City, town, or county) MISSOURI () (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name HENRY WILLIAM KRAMME
13. Birthplace HANOVER (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ANNA HOLZSCHUH
15. Birthplace ✓ (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MRS. EMMA UFFMANN
(b) Address OWENSVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-8-1944 (Month) (Day) (Year)
(c) Place: burial or cremation OWENSVILLE CITY CEM.

18. (a) Signature of funeral director Milford H. H. Winter
(b) Address Owensville Mo.

19. (a) April 7, 1944 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4 year 1944 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Apr 3, 1944, to Apr 4, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Heart shake ✓ | Duration

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

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 Edw Mellies () (M. D. or other)
Address Owensville Date signed 4-4-44

1281 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-8-44

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.