

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31457**
Registrar's No. **426**

FILED OCT 9 1944
Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1010 East Fourth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 years**
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME **Ben F. Cramer**

3. (b) If veteran, name war **none**
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 **Mrs. Margaret J. Cramer** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **July 17, 1877**
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **11** If less than one day hr. min.

9. Birthplace **Florence, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **boilermaker (retired)**

11. Industry or business **Mo.-Pac. Shops**

12. Name **Calib H. Cramer**

13. Birthplace **Morgan County, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Nannie Finley**

15. Birthplace **Morgan County, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ernest Carver (dau.)**
(b) Address **1022 East 4th, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **9/30/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithton Cemetery**

18. (a) Signature of funeral director **Ewing Funeral Home**

(b) Address **Sedalia, Missouri**

19. (a) **9-30-44** (b) *Mrs. Anna [Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1010 East Fourth**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **28**
year **1944** hour **7:50** minute **AM**

21. I hereby certify that I attended the deceased from **Sept 22, 1944** to **Sept. 28, 1944**
that I last saw him alive on **9-28, 1944**
and that death occurred on the date and hour stated above.
Immediate cause of death **Uremia** Duration

Due to **Chronic nephritis**

Due to **Carcinoma of prostate - thrombo-phlebitis calf**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **51 R**
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:

(c) 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 **J. M. Rodeman** (M. D. or other) **MD**
Address **Sedalia, Mo** Date signed **9-29-44**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-7-44

OCT 17 1944

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

Duane Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia, 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.