

**FILED DEC 8 1944**

Registration District No. **118**

Primary Registration District No. **4188**

Registrar's No. **109**

**1. PLACE OF DEATH:**

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

**3. (a) PRINT FULL NAME EDWARD JOHN KRAMME**

3. (b) If veteran, name war.   
 3. (c) Social Security No. **489 202242**

4. Sex **male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced. **married**  
 6. (b) Name of husband or wife **Lena** 6. (c) Age of husband or wife if alive. **66** years  
 7. Birth date of deceased. **June 11 1882**  
 (Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **20** If less than one day  
 hr. min.

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

10. Usual occupation **Watchman**

11. Industry or business

MOTHER FATHER  
 12. Name **Henry W. Kramme &**  
 13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Anna Holzschuh**  
 15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Geo. Bradford**  
 (b) Address **Ferguson, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 4 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Owensville City Cemetery**

18. (a) Signature of funeral director **Millard N. W. Winter**  
 (b) Address **Owensville Mo.**

19. (a) **Dec. 2, 1944** (b) **Myrtle M. Wankel**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Gasconade**  
 (c) City or town **Owensville**  
 (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.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **December** day **1**  
 year **1944** hour **7** minute **50 A.**:M.

21. I hereby certify that I attended the deceased from  
**June 6**, 19**44** to **12-1-**, 19**44**  
 that I last saw him alive on **11-30**, 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach 1/2 yr.**  
 Duration

Due to.....  
 Due to..... **46 hr**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Cancer of Stomach With Metastases.**  
 Of operations. **None**  
 Of autopsy. **None**  
 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) Means of injury **0**

23. Signature **Paul A. Brown** M. D. or other **MD**  
 Address **Owensville, Mo.** Date signed **12-1-44**

1287

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

DEC 11 1944

RECEIVED

District Health Officer No. 9;

District File Number.....

Date Filed 12-6-44

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 Wesford W. Wink

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.