

FILED APR 24 1945

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 423

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Month
 (Specify whether
 In this community 1 Month
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway 74
 (c) City or town Maryville
 (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 Minnie Kramer

3. (b) If veteran, name war No
 3. (c) Social Security No. 495-01-5950

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

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17 1893
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	9	17	hr. min.

9. Birthplace Holt County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Drugstore

12. Name Jake Kramer

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

14. Maiden name Unknown

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

16. (a) Informant Family Records

(b) Address Maryville, Missouri.

17. (a) Removal (b) Date thereof 4/4/1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville, Missouri.

18. (c) Signature of funeral director Walter Meierhoffer
 (b) Address 1302 Faraon St., St. Joseph, Missouri.

19. (a) 4-4-45 (b) Helen J. Finkle
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
 year 1945 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from March 1 1945 to April 4 1945
 that I last saw him alive on April 4 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma head of pancreas
 Duration ?

Due to _____
 Due to _____

Other conditions: Carcinomatosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations: H6 of
 Of autopsy: Carcinoma head of pancreas - Carcinomatosis
 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 J. P. Levan M.D. (M. D. or other)
 Address 415 1/2 N. 7th Date signed 4-5-45

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

MOTHER FATHER

1517

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 *Albert C. Harrington*

Licensed Embalmer No. *3258* Missouri

P. O. Address. *St. Joseph, Missouri.*

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.