

FILED MAY 11 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13725

Registration District No. 762

Primary Registration District No. 3031

Registrar's No. 28

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Dedato Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1018 N. Main St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town Dedato Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 N. Main St. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE SCHRAMPFER

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

4. Sex M (1) 5. Color or race W.
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 74 years
Ceciline Schramper
7. Birth date of deceased. Aug 29 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Bertha Schramper
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ceciline Schramper
(b) Address Dedato Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Apr 24 1945 (Month) (Day) (Year)
(c) Place: burial or cremation. Woodlawn (Dedato)

18. (a) Signature of funeral director. Wm B. Dietrich
(b) Address Dedato Mo.

19. (a) J-3-45 (Date received local registrar) (b) E. L. Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1945 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 4, 1944 to April 21, 1945; that I last saw him alive on April 21, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma (Colon) extension to stomach

Due to
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: H/O

Duration
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) (c) Means of injury

23. Signature: J. P. [Signature] (M. D. or other) Address: Dedato, Mo Date signed: 4/24/45

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

56
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RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

5-18-65

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 *J. B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Santa 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.