

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 17 1945

Registration District No. 100

Primary Registration District No. 5572

Registrar's No. 54

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

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Rural Prairie Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 mi S.W. Lee's Summit  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 45 yrs  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Schramm

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married widowed

6. (b) Name of husband or wife Max Schramm 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 24 - 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Richard Schramm

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

14. Maiden name unknown

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

16. (a) Informant Richard Schramm

(b) Address R. 1, 2 Lee's Summit dr

17. (a) Burial (b) Date thereof 4-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill - F.C.M.

18. (a) Signature of funeral director W. B. Langford

(b) Address Lee's Summit

19. (a) Apr 24-45 (b) F. M. Schuck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 5 mi S.W. Lee's Summit  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1945 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4-23, 1945 to 4-24, 1945  
that I last saw her alive on 4-23, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy  
hypertension  
diabetes

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations: (6)

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)

23. Signature Phyllis Harper M.D. or other \_\_\_\_\_  
Address Lee's Summit, Mo Date signed 4-24-45

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**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 H. B. Langford  
Licensed Embalmer No. 3833  
P. O. Address Leis Summit Dr

**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.**