

S. No. 2
M-5-43
5-17-39
I X36871

FILED DEC 12 1945

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town St. Clair Mo
 (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 37 yrs (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME August Fred Kramme
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or White
 6. (a) Single, widowed, married Married
 divorced _____
 6. (b) Name of husband or wife Bertha Kramme 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Jan 30 1881
 (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name August Kramme

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

14. Maiden name Don't know

15. Birthplace Don't know
 (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Kramme

(b) Address St. Clair Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Dittmer Mo

18. (a) Signature of funeral director E. L. Northington

(b) Address St. Clair Mo
19. (a) 11-3-1945 (Date received local registrar) (b) E. L. Northington (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town St. Clair Mo No. 36
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
 year 1945 hour 3 minute 35 P.M.

I hereby certify that I attended the deceased from 11-3-45 to 11-3-45
 that I last saw him alive on 11-3-45
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism 72 hrs.
intermittent

Due to Vascular Hypertension
years

Other conditions (Include pregnancy within 3 months of death)
Congestive Heart Failure

Major findings: _____
 Of operations _____
 Of autopsy 836

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 W. E. Kitchell (M. D. or other) _____
 Address St. Clair Date signed 11/3/45

PHYSICIAN
 Underline the cause to which death should be charged statistically.

1446

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

036

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 12-10-45

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 John P. Thibbes

Licensed Embalmer No. 3008

P. O. Address Pacific 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.