No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5393

FILED MAR 12 1946

Registration District No. 57 Primary Registration District No. 5520 Registrar's No. 41

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

42 0 0 4388

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural WINDSOR TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 4, Windsor /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED: 42
(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 4, Windsor
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Brenda Louise Kramer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe /
5. Color or race White
6. (a) Single, widowed, married, divorced /Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 11 (Day) 1945 (Year)

8. AGE: Years | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Henry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Floyd Kramer
13. Birthplace Lincoln, Nebraska / (City, town or county) (State or foreign country)
14. Maiden name Gwendolyne Dawson
15. Birthplace Cass County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Floyd Kramer
(b) Address Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Drexel, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo.
19. (a) 2-14-46 (Date received local registrar) (b) O. H. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1946 hour 5:30 a m minute M.
21. I hereby certify that I attended the deceased from Feb 10, 1946 to Feb 12, 1946
that I last saw h[illegible] alive on Feb 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 3 Days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Windsor Date signed 2-13-46

120 (Licensed Embalmer's Statement on Reverse Side)

Officer No. 7,

Date Filed 3-11-46

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

Not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Edward Linton

Licensed Embalmer No. 3391

P. O. Address Windham Me.

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.