

No. 2
-12-45
-5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43303

State File No. _____

FILED DEC 30 1946

Registration District No. 30

Primary Registration District No. 6225

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town General Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo. 2 days
3 months 2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY R. CRAMER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 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 Aug 1 1897
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 22
If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business clothing

12. Name Henry Cramer

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

14. Maiden name Edna Briggs

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

16. (a) Informant Hospital records

(b) Address Neada, Mo.

17. (a) Removal (b) Date thereof 12-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edalia, Mo.

18. (a) Signature of funeral director Allen V. Huff

(b) Address Neada, Mo.

19. (a) 12-23-46 (b) Walter H. Nancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Neada
(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 Dec day 23
year 1946 hour 8 minutes 50 A.M.

21. I hereby certify that I attended the deceased from 12-22-46 to 12-23-46
that I last saw him alive on 12-23-46
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

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 W. H. Hall (M. D. or other) 1
Address Neada, Mo. Date signed 12-23-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7
District File Number 11-46-3125
Date Filed 12-27-46

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

H. J. Marmaduke

Licensed Embalmer No. 2070

P. O. Address

Quincy, 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.