

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution:
129 E. First St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

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

(d) Street No. 129 E. First St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FRANKLIN CRAMER

(b) If veteran, name war ---

(c) Social Security No. 499-03-1815

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1947 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from
1-1- 1947 to 1-3- 1947
that I last saw him alive on 1-2- 1947
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Clara Cramer

(c) Age of husband or wife if alive 53 years

7. Birth date of deceased: Jan 22 1886
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation Laborer

11. Industry or business Railroad Worker

12. Name Jacob Cramer

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

14. Maiden name Caroline Ott

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Wm F. Cramer

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 1-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Good Hope Cemetery

18. (a) Signature of funeral director Robert Blumel

(b) Address Hermann, Missouri

19. (a) 1/4/47 (b) B. M. Underwiler
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 1-3-47

(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) (e) Means of injury 0

23. Signature Howard Workman (M. D. or other) _____

Address Hermann Date signed 3-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 10 1947

MAR 17 1947

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..... *Hughes, Blumick*
- - Licensed Embalmer No. 3160
P. O. Address..... Hermann, 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.