

National Office of Vital Statistics

FILED JUL 14 1947

Registration District No. ....

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County. Jackson  
(b) City or town. Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 yrs.  
(Specify whether  
In this community. 53 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson  
(c) City or town. Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5331 Highland  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Seabert F. Kramer

3. (b) If veteran, name war. no 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day July  
year 1947 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from .....  
....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis  
Duration

Due to.....  
Due to.....

Other conditions: Deputy Coroner  
(include pregnancy within 3 months of death)

Major findings: 93 d  
Of operations.....  
Of autopsy: History & inspection  
PHYSICIAN  
Underline the cause of 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?..... (Specify type of place) (M. D. of injury).....

23. Signature. A. E. Walker (M. D. of death) 7/21/47  
Address. 2800 Main Date signed.

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

MOTHER FATHER

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. Sept. 11 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 9 20 hr. min.

9. Birthplace. Chicago ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired Laborer

11. Industry or business. Missouri Pacific R. R.

12. Name. Henry Kramer

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

14. Maiden name. Katherine Gephardt

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

16. (a) Informant. Mrs. Rose B. Boyles  
(b) Address. 5400 Lyndia

17. (a) Burial (b) Date thereof. 7-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Mary's Cemetery

18. (a) Signature of funeral director. duerk and bobin  
(b) Address. 20 West Linwood

19. (a) 7-3-47 (b) St. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.