S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 13 1947

Registration District No. 2273

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6115

State File No. 23093

Registrar's No. 56

**1. PLACE OF DEATH:**

(a) County: Scott

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

(c) Name of hospital or institution: 2 mi North Sikeston – R 61 Highway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 (Specify whether years, months or days)

In this community: 1 day

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Ohio (b) County: Lake 999

(c) City or town: Painesville 33
(If outside city or town limits, write "RURAL")

(d) Street No.: Erie Street R#20
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 21

If yes, name country:

3. (a) PRINT FULL NAME: Joyce Cramer

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

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: April (Month) 23 (Day) 1930 (Year)

8. AGE: Years 17 Months 2 Days 15 If less than one day: hr. min.

9. Birthplace: Mentor (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: School Girl

11. Industry or business:

MOTHER FATHER

12. Name: Cramer

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

14. Maiden name: Gertrude Long

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

16. (a) Informant: Mother

(b) Address: Painesville Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Painesville Ohio

18. (a) Signature of funeral director: Orville Taylor

(b) Address: Sikeston Mo.

19. (a) 7-8-47 (Date received local registrar) (b) Mrs. F. Fitzhenry (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 6 year 1947 hour 8 minute 00 P.M.

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

Duration

Immediate cause of death: Brain Concussion, 2 broken legs, + shock

Due to: Hit by Automobile

Due to:

Other conditions (Include pregnancy within 3 months of death): C/S

Major findings: Of operations: N/A

Of autopsy:

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): Accident

(b) Date of occurrence: July 6 1947

(c) Where did injury occur? 2 mi. Nth of Sikeston Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #61 (Specify type of place)

While at work? No (e) Means of injury: Brain Concussion

23. Signature: Orville Taylor (Coroner or other) Scott Co.

Address: Sikeston Mo. Date signed: 7-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 147-969
Date 7-11-47

JUL 10 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 James M. Scott

Licensed Embalmer No. 4330

P. O. Address Fair Prairie, 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.