V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1947

Registration District No. 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34274

Primary Registration District No. 3022

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 713 E Linn St 3 (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 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair 93

(c) City or town Roscoe (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Frank Kramer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Maude Kramer

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased December (Month) 12 (Day) 1877 (Year)

8. AGE: Years 69 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Cook County Ill (City, town, or county) (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Theodore Kramer 9

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

14. Maiden name Mary Shade 9

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

16. (a) Informant Mrs Edith Kramer

(b) Address Roscoe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Roscoe Mo

18. (a) Signature of funeral director J B Bonfoey

(b) Address Roscoe Mo

19. (a) Oct 16-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16th year 1947 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from 9-28, 1947, to 10-16, 1947; that I last saw h-t- alive on 10-16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia	12 Hrs
Due to: Coronary Heart Disease	6 Mo
Due to: Congestion-Liver	12 Mo
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations 0 4 R

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 0

23. Signature H L Walker (M. D. or other) MD

Address Clinton Mo Date signed 11-16-47

(Licensed Embalmer's Statement on Reverse Side)

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 F B Broadwell

Licensed Embalmer No. 3038

P. O. Address Oscoola Md

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.