

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42580**

FILED JAN 9 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **439**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**401 E. Howard**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **401 E. Howard**  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country **U.S.**

3. (a) PRINT FULL NAME **Lewis Francis Cramer**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **491-07-5861**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Dorothy Cramer** 6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **July 5 1899**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **5** Days **17** If less than one day hr. min.

9. Birthplace **Pettis Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck driver**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **William David Cramer**  
13. Birthplace **Morgan Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Ann Johnson**  
15. Birthplace **Coppel Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Dorothy Cramer**

(b) Address **401 E. Howard Sedalia Mo**

17. (a) **Burial** (b) Date thereof **12-24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **515 So Ohio Sedalia Mo**

19. (a) **12-23-47** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **22**  
year **1947** hour **6** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **DECEMBER 22 1947** to **DECEMBER 22 1947**  
that I last saw him alive on **DECEMBER 22 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion, acute**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **94A**  
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?

While at work (Specify type of place) (e) Means of injury **NO**

23. Signature **Dr. Jordan Beunfleher** (M. D. or other) **NO**  
Address **Sedalia Missouri** Date signed **12-22-47**

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 1948

District Health Officer

District File Number 1-8-48

Date Filed

MAR 16 1948

JAN 16 1948

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 KPM Cray

Licensed Embalmer No. 3153

P. O. Address. Sedalia 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.