

S. No. 2  
 5-43  
 5-17-39  
 X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

4357

FILED FEB 26 1948

State File No. \_\_\_\_\_

Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 26

1. PLACE OF DEATH:  
 (a) County Cooper  
 (b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Alex Van Ravenswaay Hospital  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)  
 In this community All of life.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cooper  
 (c) City or town Boonville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Henry Cramer  
 (b) If veteran, name war World War #2  
 (c) Social Security No. 494-20-9694

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 11  
 year 1948 hour 3 minute 30 P.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 (b) Name of husband or wife \_\_\_\_\_  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 24 1924  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 10  
 19 48 to Feb 11 19 48  
 that I last saw him alive on Feb 11 19 48  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>5</u>	<u>18</u>	hr. min.

Immediate cause of death: Hemorrhage into medulla oblongata  
 Due to unknown  
 Due to unknown

9. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer  
 11. Industry or business On farm

Other conditions 8/27  
(Include pregnancy within 3 months of death)

MOTHER FATHER {  
 12. Name John M. Cramer  
 13. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Inez Stephens  
 15. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none (Spinal fluid blue showed bloody fluid)

16. (a) Informant John M. Cramer  
 (b) Address Boonville, Mo.  
 17. (a) Burial (b) Date thereof Feb. 14 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Old Lamine Cemetery

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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?

18. (a) Signature of funeral director Goodman & Boller  
 (b) Address Boonville, Mo.  
 19. (a) 2-13-48 (b) W. Cooper  
(Date received local registrar) (Registrar's signature)

23. Signature W. Cooper (M. D. or other) \_\_\_\_\_  
 Address Boonville Date signed 2/13/48

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

27  
 1  
 2

RECEIVED

District Health

District File No.

Date Filed

APR 20 1948  
No. 8,

2-27-48

FEB 26 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..... *J. W. Goodman*  
Licensed Embalmer No. *1178*  
P. O. Address. *Boonville, 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.