

FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

7904

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 312

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months (Specify whether
In this community 37 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2738 Duncan Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME John Michel Kramer

3. (b) If veteran, name war None 3. (c) Social Security No. 491-10-0244

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelyn Goodman Kramer 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased December 4, 1908
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Albany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dept. Mgr.

11. Industry or business Quaker Oats Co.

12. Name August Krasneski
13. Birthplace Unknown Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Francesa Biakupski
15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn G. Kramer
(b) Address 2738 Duncan St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colbun St., St. Joseph, Mo.

19. (a) 3-15-48 (b) L. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1948 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 10, 1947 to 3-7-48
that I last saw him alive on March 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
generalized Carcinomatosis
(Seminoma left testicle)

Due to _____
Due to _____
Other conditions: 5/C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Same as above

Duration

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? Y

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Shonette (M. D. or other) MD
Address St. Joseph, Mo. Date signed 3-8-48

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

MOTHER FATHER

APR 23 1948

APR 23 1948

MAR 23 1948

MAR 23 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 *Albert D. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.