No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 126900

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 1651

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ hours (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1922 Vermont 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Henry Louis Kramer
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced wid. 2
6. (b) Name of husband or wife Ada
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 21 (Day) 1866 (Year)

8. AGE: Years 82 Months 0 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Blacksmith (retired)
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs F.L. Swetnam
(b) Address 1922 Vermont Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 4-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1948 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Feb 1948 to April 14, 1948
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Cardiac Shock & Senility
Due to: Carcinoma stomach & colon left transverse
Due to: Anemia secondary Ruptured hollow viscus
Other conditions (Include pregnancy within 3 months of death)
primary site undetermined
Major findings:
Of operations
Of autopsy 46.6

Duration

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)
(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 2
23. Signature Richard Chick DO (M. D. or other)
Address 1100 6½ Winner Indep. Date signed 4/15/46

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Shirk

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address KC 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.