No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

13356

State File No. 13456

Registration District No. 289 Primary Registration District No. 3043 Registrar's No. 139

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St. Elizabeth Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 419 Mark Twain Ave 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME William H. Cramer

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male O 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Donie 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 22 (Day) 1877 (Year)

8. AGE: Years 70 Months 5 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Montgomery City (City, town, or county) MO (State or foreign country) O

10. Usual occupation Retired Switchman

11. Industry or business .....

FATHER
12. Name Joseph Cramer
13. Birthplace — (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Sallie Swatzell
15. Birthplace — (City, town, or county) MO (State or foreign country) O

16. (a) Informant Mildred Cramer
(b) Address 419 Mark Twain Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 4-17-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour ..... minute 6:40 P.M.

21. I hereby certify that I attended the deceased from April 8, 1948 to April 8, 1948
that I last saw him alive on April 8, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to Paralytic Stroke	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 O

23. Signature J. C. Chilton (M. D. or other) M.D.

Address 500 Broadway Hannibal, Mo Date signed 4-14-48

Jefferson City Printing Co. (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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.