. 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 SEP 16 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 30443

Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Moniteau Co
(b) City or town: California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

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

3. (a) PRINT FULL NAME: Billy Schramm
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug (Month) 25 (Day) 1948 (Year)
8. AGE: Years | Months | Days | If less than one day: 4 hr. ..... min.
9. Birthplace: California, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name: Warren Schramm
13. Birthplace: Cole Co Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Edna Ruth Thompson
15. Birthplace: Cole Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Warren Schramm
(b) Address: California Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 27. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Luthurn Cemt. Bentertown. Mo
18. (a) Signature of funeral director: Bowlin Funeral Home
(b) Address: California, Mo
19. (a) Aug 28-48 (Date received by local registrar) (b) A. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1948 hour 4/5 minute P M.
21. I hereby certify that I attended the deceased from Aug 26, 1948, to Aug 26, 1948 that I last saw him alive on Aug 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent interventricular septum	1 day
Due to: Congenital	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: VE
Of autopsy: 15

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 .....
23. Signature: Kenyon Latham (M. D. or other) MD.
Address: California, Mo Date signed 8-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Officer No. 9,

District File Number

SEP 14 1948

Date Filed

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.