FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35680

State File No.

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1236

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: McKernan Nursing Home - 1313 N 10th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr - 3 mos - 3 days (Specify whether
In this community 15 months 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. 1624 Savannah Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ada Elizabeth Kramer
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank J. Kramer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 25 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	72	6	24	hr. min.

9. Birthplace Savannah (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name J. Porter Cooper
13. Birthplace Tyron (City, town, or county) Penn (State or foreign country)
MOTHER
14. Maiden name Mary Jane Greenlee
15. Birthplace Adams Co (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Walter Cooper
(b) Address 1147 Rowland K.C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Mo.
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo
19. (a) 11-20-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 x 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1948 hour 1 minute AM M.
21. I hereby certify that I attended the deceased from 9-23 1947 to 11-8 1948 that I last saw him alive on 11-8 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Paralysis of Insane	2 years
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

30 B

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 Charles H. Werner (M.D. or other)
Address 221 Kirkpatrick Bldg. St Joseph, Mo. Date signed 11-19-1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah ms

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.