

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12399**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **29**

0272

0272

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville,	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Hickam Addition.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home, Hickam Addition.			

3. NAME OF DECEASED (Type or Print) a. (First) Herman	b. (Middle)	c. (Last) Kramer	4. DATE OF DEATH (Month) (Day) (Year) March 27th 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH August 20th 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret)	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Cooper County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jacob Kramer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lucy Givens Kramer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Stanley M. Kramer, Boonville, Missouri.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH usult Unknown 4-21/1 9 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic insufficiency DUE TO (c) Acute dropsy of exophthalmos		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 18, 1950**, to **Mar 27 1950**, that I last saw the deceased alive on **Mar 18, 1950**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. Stone M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED Mar 29, 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 29th 1950	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri.
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DATE REC'D BY LOCAL REG Mar 29 1950	REGISTRAR'S SIGNATURE D. Cooper 381	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Missouri.	ADDRESS
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RECEIVED APR 3

District Health Officer No. 8,

District File Number _____

Date Filed 4-19-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.