

FILED MAR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11207

0971
4

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

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 14		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>				
b. CITY OR TOWN <u>Slater</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 years</u>		c. CITY OR TOWN <u>Slater</u> <u>0971</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jarvis Convalescent Home</u>				d. STREET ADDRESS (If rural, give location) <u>248 West Lincoln</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>=</u> c. (Last) <u>KRAMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March-14-1951</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov 18 1882</u>		
9. AGE (In years last birthday) <u>68-5-26</u>		10. USUAL OCCUPATION (The kind of work done for most of working life, even if retired) <u>Retired Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (State or foreign country) <u>Waltham Co. Mo</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. Morris</u> ADDRESS <u>Slater Mo</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chor. Heshkites</u> ANTECEDENT CAUSES DUE TO (b) <u>Prima</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>446x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____				
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? _____				
22. I hereby certify that I attended the deceased from <u>Feb 24 1951</u> , to <u>Mar 3 1951</u> , that I last saw the deceased alive on <u>Mar 3 1951</u> , and that death occurred at <u>6:11 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>U.A. McBurney MD</u> (Degree or title)				23b. ADDRESS <u>Slater Mo.</u>		23c. DATE SIGNED <u>3/15/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>		
DATE REC'D BY LOCAL REC. <u>3/17/51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Nichols</u>		FEDERAL DIRECTOR'S SIGNATURE <u>James Jones</u>		ADDRESS <u>Slater Mo</u>		

RECEIVED 3-19-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-19-51

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3143

P. O. Address State, 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.