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FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27802

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 989

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (to this place) <u>Life</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>720 No. 25th St.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Henrietta</u>	b. (Middle)	c. (Last) <u>Kramer</u>	(Month) <u>Sept. 5,</u>	(Day) <u>1953</u>	(Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1909</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Wittrock</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah McGee</u>	14. NAME OF HUSBAND OR WIFE <u>Nicholis Kramer</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-22-9852</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nicholis Kramer</u>		ADDRESS <u>720 N. 25th City</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left breast with Generalized Metastases</u>	DUE TO (b) _____		<u>2 years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Multiple Sclerosis 170X</u>		<u>3 years</u>

19a. DATE OF OPERATION <u>8/1/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of breast with axillary metastases</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 8-13, 1951, to Sept 5, 1953, that I last saw the deceased alive on Sept 5, 1953, and that death occurred at 4:15pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John P. McDaniel</u>	23b. ADDRESS <u>110 902 Grand St</u>	23c. DATE SIGNED <u>9/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 10, 1953</u>	REGISTRAR'S SIGNATURE <u>Earl M. Allison</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Dr. R. Herman</u>	ADDRESS <u>1802 Union St. St. Joseph Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *Robert H. Yaph*

Licensed Embalmer No. *326*

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.