

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019342

FILED VS MAY 27 1960

149

Primary Registration District No. 1002

Registrar's No. 2704

STATE FILE NUMBER

ENDED

| | | | | | | |
|--|---|---|--|--|--|-------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 2 1/2 Yrs. | c. CITY OR TOWN Mission | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elms Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5609 Outlook | | |
| 3. NAME OF DECEASED (Type or print) First CHARLES Middle E. Last CRAMER | | | 4. DATE OF DEATH Month May Day 16, Year 1960 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 2-14-1876 | 9. AGE (last birthday) 84 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner K. | | 10b. KIND OF BUSINESS OR INDUSTRY C. Book Exchange | | 11. BIRTHPLACE (City and state or country) Wheeling, West Va. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME William H. Cramer | | 13b. MOTHER'S MAIDEN NAME Clarinda Wetzel | | 14. NAME OF HUSBAND OR WIFE Mrs. Lulu P. Cramer | | |
| 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. 515-32-5959 | 17. INFORMANT Address Mrs. Lulu Cramer Mission, Kansas | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 8 years | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | Month, Day, Year | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from Aug. 20, 1957 to May 16, 1960 and last saw him alive on May 15, 1960 . Death occurred at 8:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) W. A. Slentz, M.D. | | | 22b. ADDRESS 4620 Michol St. Kansas City, Mo. | | 22c. DATE SIGNED 5-16-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-18-60 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill | | 23d. LOCATION (City, town, or County) (State) Kansas City, Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary Kansas City, Mo. | | | 25. DATE RECD. BY LOCAL REG. 5-17-60 | 26. REGISTRAR'S SIGNATURE Alva Marshall | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. A. Slentz

Lin Wm dents
4620 J C Nichol Okway
1-5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.