

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Washington - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital #32  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
(Specify whether years, months or days)  
In this community 19 days

8. (a) PRINT FULL NAME

William N. Krames

8. (b) If veteran, name war

None

8. (c) Social Security No.

Unknown

4. Sex

MO

5. Color or

W

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

Palestine

(c) Age of husband or wife if

alive years

7. Birth date of deceased

Oct

19

1871

8. AGE:

Years

Months

Days

If less than one day

69

8

6

— hr. — min.

9. Birthplace

Boonville

MO

10. Usual occupation

Farmer

11. Industry or business

Farming

MOTHER FATHER

12. Name

William M.

Krames

13. Birthplace

Germany

Germany

14. Maiden name

Mary E.

Miller

15. Birthplace

Boonville

MO

16. (a) Informant

Palestine Krames (wife)

(b) Address

Pleasant Hope, MO

17. (a)

Burial

(b) Date thereof

6-27-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Pleasant Hope

18. (a) Signature of funeral director

Arthur Federal Home

(b) Address

Boonville, MO

19. (a)

6-25-41

(b)

Allen T. Kays

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Polk  
(c) City or town Pleasant Hope  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1941 hour 6:45 minute 8 M.

21. I hereby certify that I attended the deceased from June 6, 1941, to June 25, 1941; that I last saw him alive on June 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Degenerative Heart Disease Years

Due to

Senility

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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? 795

(Specify type of place) While at work

(e) Means of injury

23. Signature

Arthur H. Vetter

(M. D. or other)

Address

Nevada, MO

Date signed 6-25-41

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1089

Date Filed 7-7-41

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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

*L. D. Murrill*

Licensed Embalmer No. 3786

P. O. Address

*Padenville 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, above space should be left blank.