

REC'D OCT 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31931
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 147
(b) Township Everett Primary Registration District No. 0211 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Clifford Cramer 6510

(a) Residence, No. Archie, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1910
7. AGE YEARS 28 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Everett, Cass 0
(STATE OR COUNTRY) County, Mo

FATHER 13. NAME James Cramer 0

14. BIRTHPLACE (CITY OR TOWN) Cass Co. Mo 0
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Effie Dewesse

16. BIRTHPLACE (CITY OR TOWN) Cass Co. Mo
(STATE OR COUNTRY)

17. INFORMANT S. M. Cramer
(ADDRESS) Archie, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Everett DATE Sept. 27, 1938

19. FUNERAL DIRECTOR A. Kinison + Easter 12
(ADDRESS) Archie, Mo

20. FILED Sept 27, 1938 Wm. D. Caldwell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938, to Sept 26, 1938
I last saw him alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset years

Other contributory causes of importance: J. J. H.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) B. B. Ford, M. D.
(Address) Archie, Mo 140

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)