

MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1801

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 days
years, months or days)

3. (a) PRINT FULL NAME Mrs. Florence L. Cramer, 656

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry A. Cramer 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased August 4 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40-</u>	<u>8</u>	<u>23</u>	hr. _____ min.

9. Birthplace August 4, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Drug Store Owner

11. Industry or business X

MOTHER FATHER { 12. Name G. H. Leonard

13. Birthplace N. H.
(City, town, or county) (State or foreign country)

14. Maiden name Adams

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betty Leonard

(b) Address Weston, Mo.

17. (a) Cremation (b) Date thereof 5-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) April 29, 1940 (Date received local registrar) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Weston
(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.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 4-27-40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8:00 A.M.
_____ 19_____, 19_____;
that the death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Pneumonia
Due to _____

fracture of sternum & ribs
Due to _____

Auto-trauma
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence 4-27-40

(c) Where did injury occur? Near K.C. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

By means of injury 5

23. Signature Victor W. Hunter (M. D. or other) _____

Address K.C. Mo. Date signed _____

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

210 m
14

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

Lewis T. ...

Registered Apprentice No. *222*

working under my personal supervision.

Signed

L. J. Allen

Licensed Embalmer No. *1415*

P. O. Address *151 E. My*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14089
Registrar's No. 1801-

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town R.C.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence Crowner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) 4/29/0 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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. ? _____ years.

19. MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4-27 day 40 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Best hemotherapy
Fract. Sternum - Rib
Due to: Auto Traumatism

Other conditions: Collision of Two Cars
Accident on Bates Co. Mo
Major findings: 3 mi N. of Rock Hill - report of
Of autopsy: Highway Patrol #

Underline the cause to which death should be charged statistically.
PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accid -
(b) Date of occurrence: 4-27-40
(c) Where did injury occur? R.C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Victor B. Burdick (Specify type of place) (e) Means of injury.
Address _____ Date signed _____

SUPPLEMENTARY

