

S. No. 2
1-14-41
7. 5-17-39
X 28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17314

State File No. _____

1976

Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

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

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:
3901 Main Leim Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 5-1 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2800 E 78 St.
(If rural, give location)

(e) Citizen of foreign country? yes - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Molly M. Cramer

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1941 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 5, 1941, to May 11, 1941;
that I last saw her alive on May 11, 1941;
and that death occurred on the date and hour stated above.

4. Sex Fem

5. Color or race W.h.o.

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

6. (b) Name of husband or wife Earl E. Cramer

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased: 6 (Month) 15 (Day) 1861 (Year)

Immediate cause of death Diabetes mell. Duration about 7 years

Due to Gangrene of r. limb

Due to Enlarged (toxic) Cervical Glands

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 11 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Liberty (City, town, or county) (1) Mo. (State or foreign country)

10. Usual occupation Hairdresser

Major findings: Of operations l

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name James Morrison

13. Birthplace no records (City, town, or county) (State or foreign country)

14. Maiden name Fishers

15. Birthplace no records (City, town, or county) (State or foreign country)

16. (a) Informant Robert F. Cramer

(b) Address 2800 E 78 St.

17. (a) Burial (b) Date thereof 5-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director John P. Shaw

(b) Address Kansas City Mo.

19. (a) May 20 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury S

23. Signature E. J. Gillingham (M. D. or other) _____
Address 520 W. 11th St. Date signed 5-20-1941

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.....

John P. Shiel

Licensed Embalmer No. *3625*

P. O. Address *Kansas City*

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, fact should be so stated above.