

S. No. 2
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5-17-39
P1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1944
Registration District No. **128**

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **2000**

14664
State File No. _____
Registrar's No. **328**

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

1. PLACE OF DEATH:

(a) County **GREENE**
Springfield

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
894 E. GRAND 1
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **MAY J. CRAMER**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **R. F. CRAMER**

6. (c) Age of husband or wife if alive **Dec 27, 1872** years (Day) (Year)

7. Birth date of deceased **FEB 27, 1872** (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	1	14	hr. min.

9. Birthplace: **TIPTON MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **House wife in home**

11. Industry or business: **Unknown**

MOTHER FATHER

12. Name: **Unknown**

13. Birthplace: **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

15. Birthplace: **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. J. W. Teague**
(b) Address: **Springfield, Mo.**

17. (a) Burial (b) Date thereof **Apr. 13-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia Mo.**

18. (a) Signature of funeral director: **J. W. K. Higgins & Co.**
(b) Address: **Springfield, Mo.**

19. (a) 4-12-44 (b) **Dr. W. H. Standley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Greene 39**

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

(d) Street No. **1329 E. Commercial 25**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **17**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11**
year **1944** hour **2** minute **00 A.** M.

21. I hereby certify that I attended the deceased from **March 10**
44 19, to **4-9** 19**44**

that I last saw her alive on **4-9-44** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of breast extending into chest-**

Due to _____

Due to _____

Other conditions **50**
(Include pregnancy within 3 months of death)

Major findings: **Was operated upon & saw her at Savannah Mo**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: **Garrett Hoag** (M.D. or other) _____
Address: **Springfield Mo.** Date signed **4/11/44**

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 *May Rhodes*

Licensed Embalmer No. *4671*

P. O. Address *Springfield*

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.

X