V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34008

State File No.

Registration District No. 158 Primary Registration District No. 5590 Registrar's No. 183

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Big River Tie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Own home Near Dittmer - Mo 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 50 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

(c) City or town Rural Dittmer Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi S.W. Dittmer
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DORA KRAMME (RABENORT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Phillipp H Kramme

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

7. Birth date of deceased April (Month) 15 (Day) - 1877 (Year)

8. AGE: Years 68 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business Own home

FATHER
12. Name William Rabenort
13. Birthplace — (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dora Haacke
15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant Albert Kramme
(b) Address Dittmer - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation St Martin's Cem. Dittmer Mo

18. (a) Signature of funeral director Jim H Brummer
(b) Address House Springs Mo

19. (a) Oct. 27-45 (Date received local registrar) (b) A. H. Eaton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day Oct year 1945 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6-1, 1945 to Oct-10, 1945 that I last saw her alive on Oct-7, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Obs.	?
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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

23. Signature W. H. Drewitt (M. D. or other)
Address Bo. Clara Mo Date signed 10/18/45

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(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 1470

P. O. Address Kansas Springs 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, fact should be so stated above.