

FILED AUG 20 1946

Registration District No. 152

Primary Registration District No. 4241

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(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 _____ (Specify whether _____)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Krammer Henry Steinmity

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1946 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 1
1945 to July 27, 1946.

that I last saw him alive on July 26, 1946
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Carolyn 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased May - 17 - 1895
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage in cardiac area. Duration 15 min.

Due to Multiple sclerosis. 9mo.

Due to _____ 27days.

8. AGE: Years 51 Months 2 Days 10 If less than one day _____ hr. _____ min.

Other conditions None
(Include pregnancy within 3 months of death)

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

Major findings: _____
Of operations _____
Of autopsy _____

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

10. Usual occupation Life Insurance Salesman

11. Industry or business _____

12. Name Godfred Steinmity

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

14. Maiden name Philomina Kramer

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

16. (a) Informant Ms. Carolyn Steinmity

(b) Address Oak Grove Mo

17. (a) Buried (b) Date thereof 7-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director ms. J.B. Webb. S. on

(b) Address Oak Grove Mo.

19. (a) 7-30-1946 (b) ms. Justine M. Siston
(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) (a) Means of injury U

23. Signature [Signature] (M. D. or other) M.D.

Address Oak Grove, Mo. Date signed 7/29/46

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

26289

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 R. B. Weft
.....
Licensed Embalmer No. 2353
.....
P. O. Address Bluesprings 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.