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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8377**
Registrar's No. **23**

Registration District No. **82** Primary Registration District No. **3017**

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

1. PLACE OF DEATH:
(a) County **Cooper**
(b) City or town **Boonville**
(c) Name of hospital or institution: **Alex VanRavenwaay Hospital**
(d) Length of stay: In hospital or institution **3 Weeks**
In this community **All of life.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cooper**
(c) City or town **Boonville**
(d) Street No. **718 E. Morgan St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mrs. Irene Cramar**
(b) If veteran, name war **----** (c) Social Security No. **487-20-0661**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **19** year **1947** hour **3** minute **30** a. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Ray Cramar** 6. (c) Age of husband or wife if alive **-----** years
7. Birth date of deceased **December 1st 1990**

21. I hereby certify that I attended the deceased from **Feb. 1943** to **Feb. 1947** that I last saw her alive on **Feb. 19, 1947** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
46 2 18 hr. min.

Immediate cause of death **Melanotic carcinoma of chest wall and lungs.** Duration **4 years**
Due to **Scirrhous carcinoma of L. breast.**

9. Birthplace **Sedalia, Missouri**

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

10. Usual occupation **Secretary**

11. Industry or business **Board of Education**

12. Name **Elza P. Berry**

13. Birthplace **Kentucky**

14. Maiden name **Eva Kemp**

15. Birthplace **Pettis County, Missouri**

16. (a) Informant **Mrs. Elza Berry**

17. (a) **Burial** (b) Date thereof **Feb 20/47**

(c) Place: burial or cremation **Walnut Grove Cemetery**

18. (a) Signature of funeral director **Goodman & Boller.**
(b) Address **Boonville, Mo.**

19. (a) **2-20-47** (b) **[Signature]**

Major findings: **4/1943. Amputation L. breast for carcinoma.**
Of autopsy **None**

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

23. Signature **Alex VanRavenwaay MD** (M. D. or other)
Address **Boonville, Mo.** Date signed **2.20.47**

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RECEIVED

District Health Officer No. 8,

3-22-47

MAR 24 1947

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..... *J.W. Goodman*
Licensed Embalmer No. *1178*
P. O. Address..... *Boonville, 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.