

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

No. 2  
2-45  
17-39  
K47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 30 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **20419**  
Registrar's No. **95**

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

**1. PLACE OF DEATH:**  
 (a) County Cooper  
 (b) City or town Boonville,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Residence.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community All of life  
years, months or days)

3. (a) PRINT FULL NAME Ray P. Cramer.  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Lillie Cramer  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased September 25 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
on farm

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Gabriel Cramer, Jr.  
 13. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hill  
 15. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Cramer.  
 (b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof June 11<sup>th</sup> 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Old Lamine Cemetery

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

19. (a) 6-11-47 (b) Ray P. Cramer  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Cooper  
 (c) City or town Lamine Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 9  
 year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased on March 5  
 1948 to June 9 1947  
 that I last saw him alive on May 20 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism  
Causing sudden death.

Due to arteriosclerosis  
hypertension.

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

Major findings:  
 Of operations None  
 Of autopsy None

Duration 7 years  
  
**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 W. L. ... (D. or other)  
 Address Boonville, Mo. Date signed \_\_\_\_\_

6-11-47

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed 6-22-77

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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. H. 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.**