S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1947

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 32037
Registrar's No. 306

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1919 West Main (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia (If outside city or town limits, write "RURAL")
(d) Street No.: 1919 West Main (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Robert Benjamin Cramer
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katie W. Junge
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: April 24, 1879 (Month) (Day) (Year)

8. AGE: Years 68 | Months 4 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Benton County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter and mason
11. Industry or business: building

MOTHER FATHER
12. Name: David B. Cramer
13. Birthplace: Morgan County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Nannie Todd
15. Birthplace: Benton County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Katie Cramer (wife)
(b) Address: 1919 West Main, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) 9/16/47 (Date received by local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 14 year: 1947 hour: 8:15 minute: A. M.
21. I hereby certify that I attended the deceased from June 15 1947 to Sept 14 1947 that I last saw him alive on Sept 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus
Due to: (Cause — Diabetic)
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: 0
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? 0
While at work? (Specify type of place) (e) Means of injury: ____
23. Signature: [illegible] (M.D. or other) MD
Address: Sedalia, Mo. Date signed: 9/15/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-6-47

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 Duane Ewing

Licensed Embalmer No. 38-47

P. O. Address Sedalia 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.