

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural  
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Morgan

(c) City or town Rural  
(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 Daniel F. Cramer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14<sup>th</sup>  
year 1947 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 1  
1947 to October 14, 1947.  
that I last saw him alive on October 14, 1947,  
and that death occurred on the date and hour registered above.

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

6. (b) Name of husband or wife Ansie 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan 10 1863  
(Month) (Day) (Year)

Immediate cause of death Congestive Pneumonia (hypostatic)

Due to Myocarditis, Chronic

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

84 9 4 hr. \_\_\_\_\_ min.

9. Birthplace Morgan Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Wm Cramer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

MOTHER FATHER

12. Name Wm Cramer

13. Birthplace Do not know  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Neuberger

15. Birthplace Pettis Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vera Nertz  
(b) Address Amarilla Texas

17. (a) Buried (b) Date thereof 10-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

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? \_\_\_\_\_

18. (a) Signature of funeral director A. F. Neumann  
(b) Address Amador MO

19. Oct 18 1947 (b) H. L. Rippberger  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of work)

23. Sig E. A. Neuman (M. D. \_\_\_\_\_)  
Address Amador MO Date signed 10/19/47

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

RECEIVED  
Director of Health Officer No. 71  
9-27-1915  
10-20-1915

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..... *A. F. Kemmerer*.....  
Licensed Embalmer No. *3912*.....  
P. O. Address. *Smithton 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.