

No. 2  
8-43  
17-39  
X37823

FILED OCT 25 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **3003**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **Barry**

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

(c) Name of hospital or institution **St. Vincent's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **Entire life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Barry**

(c) City or town **Monett**  
(If outside city or town limits, write "RURAL")

(d) Street No. **104 Elm**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **none**

3. (a) PRINT FULL NAME **Cramer Infant**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 1948**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
hr. **15** min.

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

10. Usual occupation **none**

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

12. Name **Perl Cramer**

13. Birthplace **Monett Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Delores Brayles**

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

16. (a) Informant **Mrs Ray Cramer**

(b) Address **104 Elm St, Monett Mo**

17. (a) **Burial** (b) Date thereof **Oct 8 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **00F Cem Monett Mo.**

18. (a) Signature of funeral director **Dillon Funeral Home**

(b) Address **Monett Mo**

19. (a) **10-13-48** (b) **W. M. West**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **7**  
year **1948** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct 7** 1948 to **Oct 7** 1948;  
that I last saw her alive on **Oct 7** 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death **maternal hemorrhage**  
**regard to mother's condition**  
**partial placental separation**  
**Due to pregnancy defect**  
**I don't know cause of**  
**breached for 30 minutes after birth**

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

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

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

157M

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) (c) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **Monett, Mo.** Date signed **10-9-48**

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 6,  
District File Number 1048-1184  
Date Filed 10-23-48

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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.....

Not embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed David Dillon.....

Licensed Embalmer No. 3898.....

P. O. Address Monett, 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.**