

**FILED JAN 5 1949**  
Registration District No. **26**

Primary Registration District No. **3026**

Registrar's No. **399**

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

1. PLACE OF DEATH:

(a) County... **Jackson**

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

(c) Name of hospital or institution:  
**Residence, 300 N. Liberty**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **11 Years**  
(Specify whether years, months or days)

In this community... **20 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Jackson**

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

(d) Street No... **300 N Liberty**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Mr. Harry B. Cramer**

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

3. (c) Social Security No. **486 09 9480**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14**  
year **1948** hour **8:30** minute **P.** M.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced... **married**

6. (b) Name of husband or wife... **Elva Cramer**

6. (c) Age of husband or wife if alive... **58** years

7. Birth date of deceased... **Sept. 9, 1888**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from...  
....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>60</b>	<b>3</b>	<b>5</b>	hr. min.

Immediate cause of death...  
**Coronary Sclerosis**

Due to.....

Due to.....

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

10. Usual occupation... **News Salesman**

11. Industry or business... **Kansas City Star**

12. Name... **Gabe Cramer**

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

14. Maiden name... **Unknown**

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

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

(b) Address... **300 N. Liberty, Independence, Mo.**

17. (a) **burial** (b) Date thereof... **12-19-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Lisbon, Missouri**

18. (a) Signature of funeral director... **G. E. Carson**

(b) Address... **Independence, Mo.**

19. (a) **12-16-48** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

Other conditions... (Include pregnancy within 3 months of death)

Major findings:  
Of operations... **Deputy Coroner**

Of autopsy... **Victory Inspection**

PHYSICIAN

Underline the cause of 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?.....  
(Specify type of place)

23. Signature... **A. E. Usher** (M. D. or other)  
Address... **2800 Main** Date signed... **12/16/48**

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 \_\_\_\_\_

*John M. Heiman* \_\_\_\_\_, Registered Apprentice No. *269*  
working under my personal supervision.

Signed *R. D. Lisle* \_\_\_\_\_

Licensed Embalmer No. *4123* \_\_\_\_\_

P. O. Address *Independence, 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.