

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24716
3549

State File No.

V. S. No. 300
REV. 10-48

FILED AUG 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30</u> <u>40</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4942 Walnut Street</u>				e. STREET ADDRESS (If rural, give location) <u>4942 Walnut Street</u> <u>3738</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>L.</u> c. (Last) <u>Cramer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>June 20 1895</u>		
				9. AGE (In years last birthday) (Months) (Days) <u>58</u>		10. IF UNDER 1 YEAR <u> </u> IF UNDER 4 HRS. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY-PERSONNEL DIVISION</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SCHOOL SYSTEM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bucklin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U, S.A.</u>	
13a. FATHER'S NAME <u>Mons L. Larson</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Swanson</u>		14. NAME OF HUSBAND OR WIFE <u>Warry H. Cramer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. A. Larson</u> ADDRESS <u>Bucklin, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the breast</u>		ANTECEDENT CAUSES					<u>5 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS					<u>170X</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>Apr 20 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Substhoracic Carcinoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE? (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Apr 7, 1950</u> , to <u>July 16, 1953</u> , that I last saw the deceased alive on <u>July 15, 1953</u> , and that death occurred at <u>6:10 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>E. Rip Robinson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1228 Professional Bldg</u>		23c. DATE SIGNED <u>July 17 '53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-18-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FREEMAN MORTUARY & CHAPEL</u> ADDRESS <u>Kansas City, Mo.</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

Skinner

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward M. Storey*.....

Licensed Embalmer No. *4452*.....

P. O. Address *K. C. 4 m*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.