

DEC 15 1941 575

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38871

Registration District No. 5-76

Primary Registration District No. 4339

Registrar's No.

1. PLACE OF DEATH.

(a) County Moniteau
(b) City or town Tipton town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Augustina Kramer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Kramer 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 10 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 26 hr. min.

9. Birthplace Fortuna Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Andrew Wolf

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Otte
(City, town, or county) (State or foreign country)

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

16. (a) Informant Andrew Kramer

(b) Address Tipton Mo

17. (a) Burial (b) Date thereof 11-8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton Catholic Cemetery

18. (a) Signature of funeral director Joyell E. Richard

(b) Address Tipton Mo

19. (a) (Date received local registrar) 11/7/41 (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? Native 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th year 1941 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from June 1st 1941 to Nov 6 1941.
that I last saw her alive on Nov 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs Duration 6 mos

Due to Carcinoma of Breast 1 year

Due to 50

Other conditions Myocardial failure acute
(Include pregnancy within 6 months of death)

Major findings: Carcinoma of breast PHYSICIAN

Of operations None Underline the cause to which death should be charged statistically.
Of autopsy None

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?

(e) While at work? (Specify type of place) (f) Means of injury 1

23. Signature H. H. Hume (M. D. or other)

Address Tipton Mo Date signed 11-7-41

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

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, 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.