

REC'D MAY 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14493

Do not use this space.

1. PLACE OF DEATH

(a) County Cassell Registration District No. 135
 (b) Township _____ Primary Registration District No. 30.10 Registered No. 52
 (c) City Carrollton (d) Street No. South Side Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

266 William Conrad Eiseler
 (a) Residence, No. Cassellton Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Eiseler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30, 1877</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cassellton Missouri</u>		
FATHER	13. NAME <u>Conrad Eiseler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Leop. Kinke</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Missouri</u>	
17. INFORMANT (ADDRESS) <u>Katherine Eiseler Cassellton Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>April 9, 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Willie Whortney Cassellton Missouri</u>		
20. FILED <u>4-8</u> 19 <u>39</u> <u>Yuth Naskin</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 7, 1939</u>
22. I HEREBY CERTIFY, that I attended deceased from <u>April 10</u> , 19 <u>39</u> , to <u>April</u> , 19 <u>39</u> . I last saw him alive on <u>Apr 7</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>2 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Ischemic Paralysis</u> <u>Left foot</u> <u>59</u>
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W. H. H. H.</u> , M. D. (Address) <u>Cassellton</u>

(Licensed Embalmer's Statement on Reverse Side)

R. M. Benson, Carrollton, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/5/39

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham....., Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Ralph Van Landingham
.....
Licensed Embalmer No. 4009

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.)