

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

**5864**  
Do not use this space.

**1. PLACE OF DEATH**  
 (a) County Benton Registration District No. 59  
 (b) Township Williams Primary Registration District No. 5094 Registered No. 4  
 (c) City Lincoln (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Herbert Kreisher  
 (a) Residence, No. Same 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** m **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** X X

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov 30 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>25</u>	<u>2</u>	<u>16</u>	

**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.** Farmer  
**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)** Lincoln Mo

**FATHER**

**13. NAME** Wm Kreisher  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Lincoln Mo

**MOTHER**

**15. MAIDEN NAME** Maggie Kullman  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Lincoln Mo

**17. INFORMANT (ADDRESS)** William Kreisher Lincoln Mo

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Green Lutheran ch. DATE Feb 18 1940

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** J. B. Colbert Lincoln Mo

**20. FILED** 3-2-1940 Sue Selover  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 2-16-1940

**22. I HEREBY CERTIFY, That I attended deceased from** never 19   to    19    
 I last saw him alive on in coffin 1940 Death is said to have occurred on the date stated above, at 11:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Heart (Apparently)  
 Other contributory causes of importance: none

Name of operation none Date of     
 What test confirmed diagnosis clinical Was there an autopsy? no

**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?** no  
 If so, specify \_\_\_\_\_  
 (Signed) W. Reser (Coroner) M. D.  
 (Address) Coll Camp 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.

FORM 1 X 16805

RECEIVED

District Health Officer No. 7,

District File Number 3-40-414

Date Filed 3-5-40

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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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**