

FILED MAR 16 1943

Registration District No. 349

Primary Registration District No. 4040

Registrar's No. 3

1800

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) _____

3. (a) PRINT FULL NAME Eugene Joseph Kreisel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Elizabeth Wenig

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased December 8th 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 2 0 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Eugene Joseph Kreisel

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Anna Katherine Freund

15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Kreisel

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb 10th 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Trinity Lutheran Cemetery

18. (a) Signature of funeral director E. J. Eichler

(b) Address Cole Camp Mo

19. (a) FEB. 9. 1943 (Date received local registrar)

(b) SUE SELOVER (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th
year 1943 hour 2:00 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan. 12-8-43
that I last saw him alive on 2-6-43
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 932

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature S. Selover (M. D. or other) MD

Address Cole Camp Mo Date signed 2-9-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

District Health Officer No. 7,
District File Number 2-43-102
Date Filed 3-10-43

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 E. L. Eickhoff
Licensed Embalmer No. 730
P. O. Address..... Cole Camp 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.