

FILED SEP 10 1943

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 269

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3m 22d
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren

(c) City or town Pleolar
(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 _____

3. (a) PRINT FULL NAME Henry W Kassel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1943 hour 8-16 minute P M.

21. I hereby certify that I attended the deceased from 8/23/1943 to 8/26/1943
that I last saw him alive on 8/26/1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Minnie Kassel 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: Feb 16 1863
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Due to Arteriosclerosis

8. AGE: Years 79 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Marshville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Banker

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name William Kassel

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Kassel

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

16. (a) Informant Record

(b) Address _____

Major findings: 83a!

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Funeral Home (b) Date thereof 8/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halstein, Mo.

18. (a) Signature of funeral director F. W. Heiburg et al.

(b) Address Warrenton, Mo.

19. (a) 8-26-1943 (b) Joie Morankhoff
(Date received local registrar) (Registrar's signature)

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 D

23. Signature George H. Reers (M. D. or other) MD

Address Fulton Mo. Date signed 8/26/43

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.

John F. Kielburg
..... Licensed Embalmer No. 3897 *J*

..... 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, fact should be so stated