. No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37700

FILED DEC 9 1943

Registration District No. 37

Primary Registration District No. 5107

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Benton,

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

(c) Name of hospital or institution: No, Rural,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community All her life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Benton,

(c) City or town Lincoln,
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? No, (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs, L.H.Kreissler

3. (b) If veteran, name war

3. (c) Social Security No. No,

4. Sex Female

5. Color or race White,

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

6. (b) Name of husband or wife L.H.Kreissler

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

7. Birth date of deceased Jan, (Month) 24 (Day) 1890 (Year)

8. AGE: Years 53 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Lincoln Mo, (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife,

11. Industry or business

FATHER
12. Name Herman F, Gerken,
13. Birthplace Hillsboro (City, town, or county) 0 Missouri, (State or foreign country)

MOTHER
14. Maiden name Anna Meuschke,
15. Birthplace XX (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Leonard Kreissler

(b) Address Lincoln, Mo,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov - 20 - 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Luthern Ceme-

18. (a) Signature of funeral director J B Calbert

(b) Address Lincoln Mo

19. (a) Nov. 29 - 1943 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

1341

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18-1943
year 1943 hour 12 minute 35 M.

21. I hereby certify that I attended the deceased from December 1942 to Nov 13th 1943
that I last saw her alive on Nov 13th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

83a

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Byron L. Duncan (M. D. or other) DO

Address Cole Camp, Mo. Date signed 11/18/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-43-1318
Date Filed 12-7-43

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

Signed J. B. Calbert

Licensed Embalmer No. 2500

P. O. Address Lincoln

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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37700

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Benton

(b) City or town White Twp Rural
(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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Mrs. Augusta Kreissler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 24 (Day) 1890 (Year)

8. AGE: Years 53 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY