

S. No. 2
FORM-2-43
Rev. 5-17-39
X35697

1523

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 21 1946

Primary Registration District No. 1002

Registrar's No. 5315

1. PLACE OF DEATH:

(a) County Jackson, Kansas City,

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

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

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 10 years

3. (a) PRINT FULL NAME Elmer E. Kreisel

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Dorothea Kreisel

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

7. Birth date of deceased April 1 1909
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>36</u> | <u>8</u> | <u>21</u> | hr. _____ min. _____ |

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

10. Usual occupation Shoe Store Manager

11. Industry or business X

12. Name William Kreisel

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

14. Maiden name Schwartz

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

16. (a) Informant Mrs. Dorothea Kreisel

(b) Address 816 Linwood, Kansas City, Mo.

17. (a) removal (b) Date thereof 12-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-24-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 47

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

(d) Street No. 816 Linwood,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1945 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec. 12 1945 to Dec. 22 1945
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor
transpharyngeal non malignant
Duration _____
Symptoms 1 yr.

Due to _____

Due to 56-22

Other conditions Pneumonia & pulmonary edema 36 hrs
(Include pregnancy within 3 months of death)

Major findings: Suprarenal transpharyngeal
Of operations _____

Of autopsy Suprarenal transpharyngeal
Pneumonia, pulmonary edema

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? _____

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

23. Signature Frank Teacher (M. D. or other) MD
Address 1620 Popplewood Bldg. Date signed 12-29-45

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

100321

Dr. Frank Teachenor in Prof Bldg.,
VI 1643

will be there till 5 pm today, sat.
7-5-63

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. M. Plank
Licensed Embalmer No. 1848
P. O. Address 7C-E 720

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.