

FILED FEB 7 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell
(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) 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8
(c) City or town Cole Camp Mo 9
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Frederick Kreisler

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 Mrs Minnie Kreisler 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 4th 1871
(Month) (Day) (Year)

8. AGE: 74 Years 8 Months 15 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Frederick Kreisler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Wischnior
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Kreisler
(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Jan 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cole Camp Memorial

18. (a) Signature of funeral director: E. Eickhoff
(b) Address Cole Camp Mo

19. (a) 1-21-46 A. J. Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1946 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-10-46 to 1-19-46
that I last saw him alive on 1-19-46
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis (general)
gangrene rt. foot leg
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97
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? _____

23. Signature J. W. Boyer (M.D. or other) _____
Address Sedalia Mo Date signed 1-21-46

Duration

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1762

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-6-46

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.