

FILED AUG 17 1948

Registration District No. 31

Primary Registration District No. 4040

Registrar's No. 24

1. PLACE OF DEATH:
Benton
(a) County.....
(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.....
In this community 75 Years 2 Months 17 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Cole Camp
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Joseph 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 Anna 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 22nd 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 8th
year 1948 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from 1-5-48, 19... to Aug 8, 1948
that I last saw him alive on 8-4-48, 19...;
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 2 Days 17 If less than one day
hr. min.
9. Birthplace Cole Camp Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death:
myocardial Failure
Due to Angina Pectoris or Coronary Insufficiency
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Clerk & Laborer
11. Industry or business None
12. Name Philip Kreisel
13. Birthplace Caroline Zimmerschied
(City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace.....
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Mrs Anna Kreisel
(b) Address Cole Camp Mo
17. (a) Burial (b) Date thereof Aug 14 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cole Camp Memorial
18. (a) Signature of funeral director E. L. Eickhoff
(b) Address Cole Camp Mo
19. (a) 8-11-1948 (b) E. L. Eickhoff
(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. 2
23. Signature J. W. Garland (M. D. or other) No.
Address Cole Camp Date signed 8-11-48

Received
District Health Officer No. 7
District File Number 7-48-945
Date Filed 8-16-48

SEP 11 1948

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. Dickhoff
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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.