

Registration District No. **31**

Primary Registration District No. **4040**

1. PLACE OF DEATH:

(a) County **Benton**
(b) City or town **Cole Camp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Loreland Clinic**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Weeks**
In this community **3 Weeks**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Lrs Maggie Kreisler**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William Kreisler** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **February 4th 1948**
(Month) (Day) (Year)

8. AGE: Years **71** Months **8** Days **23** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Wm Kullman**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Katilda Beyer**
15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm Kreisler**
(b) Address **Cole Camp Mo**

17. (a) **Burial** (b) Date thereof **Oct 29, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zion Lutheran Cemetery**

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

19. (a) **10-28-48** (b) **E. L. Eickhoff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **27th**
year **1948** hour **3** minute **00** A. M.

21. I hereby certify that I attended the deceased from **1-1-48**
to **10-27-48**, 19____, to 19____;
that I last saw **her** alive on **10-27-48**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure**
Due to **Essential Hypertension**
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **102**
Of autopsy

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 **2**

23. Signature **J. W. Moulton** (M. D. or other) **MD**
Address **Cole Camp** Date signed **10-27-48**

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

RECEIVED

District Health Officer No. 71

District File Number 91-48-1268

Date Filed 11-2-48

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. J. Dubrow

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.