

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5993

Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 1001 Registered No. 204
 (c) City ST. JOSEPH, (d) Street No. ST. JOSEPH'S HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

CHARLES H. PRESNELL

(a) Residence, No. 625 68 EXCELLO DRIVE St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NONE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 27, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 0 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI13. NAME ROBERT D. PRESNELL14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRINGFIELD, MO.15. MAIDEN NAME GENEVA AKENS,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRINGFIELD, MO.17. INFORMANT (ADDRESS) MR. R. D. PRESNELL
68 EXCELLO D RIVE, ST. JOSEPH, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEM. DATE MAR. 2, 1939, 19...19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC.
1946 COLHOUN ST ST. JOSEPH, MO.20. FILED 3/27/39 19 H. J. Hestelback Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB, 28, 1939 19...

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939 to Feb 28, 1939
 I last saw h. i. m. alive on Feb 28, 1939. Death is said to have occurred on the date stated above, at 9:50 a. m.
 The principal cause of death and related causes of importance were as follows:

Acute Tracheobronchitis (Streptococcus) Date of onset 2-15-39

Other contributory causes of importance: 1064Name of operation Tracheotomy Date of 2-27-39What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify W. Roger Moore, M. D.(Signed) W. Roger Moore, M. D.(Address) St. Joseph, Mo.

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 John E. Ruff

Licensed Embalmer No. 3986

P. O. Address St Joseph

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, above space should be left blank.