JAN 31 1940

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

42786
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN
Registration District No. 85
(b) Township
Primary Registration District No. 1001
Registered No. 1261
(c) or 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

625

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 5TH. 1939

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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, MO.

FATHER
13. NAME ROBERT PRESNELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRINGFIELD MO.

MOTHER
15. MAIDEN NAME GENEVA AKINS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRINGFIELD MO.

17. INFORMANT (ADDRESS) MR. ROBERT PRESNELL 68 EXCELLO DRIVE ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ASHLAND CEM. DATE DEC. 7TH. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED Dec 7 1939 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 6TH. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1939, to Dec. 6, 1939
I last saw him alive on Dec. 6, 1939. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Pre-mature Infant (6½ months)

Date of onset

Other contributory causes of importance: 154

Name of operation ..... Date of .....
What test confirmed diagnosis? CLIN Was there an autopsy? no

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? NO
If so, specify .....
(Signed) J. T. Pharoettino, M. D.
(Address) Kirkpatrick Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.