

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

36153
Do not use this space.

1. PLACE OF DEATH
 (a) County Lawrence Registration District No. 470
 (b) Township Union Primary Registration District No. 15-693
 (c) City Mt Vernon Mo (d) Street No. Missouri State Van Registered No. 133
 (e) Length of residence in city or town where death occurred 2 yrs. 11 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME HARRY WALLACE PRESNELL
 (a) Residence, No. Farmington Mo 13 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

MEDICAL CERTIFICATE OF DEATH

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 | 9 | 28
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hosp Orderly
 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) Oct 18, 1935
 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Missouri
 FATHER
 13. NAME Homer B Presnell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Mo
 MOTHER
 15. MAIDEN NAME Sadie Wallace
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Missouri
 17. INFORMANT (ADDRESS) Mr. Michael Reed Clark Mo State Senator
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo DATE Oct 30, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farmington Mo
 20. FILED Oct 28, 1938 P. A. Holmes Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1935, to Oct 28, 1938
 I last saw him alive on 10-28, 1938 Death is said to have occurred on the date stated above, at 1:45 P m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset October 1935
7.12.
77
 Other contributory causes of importance:
Pulmonary Hemorrhage
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____
 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 any way related to occupation of deceased? _____
 If so, specify Worked at Mt Vernon Mo
 (Signed) P. A. Holmes M. D.
 (Address) Mt. Vernon Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-463

Date Filed NOV 4 1938

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.....

Licensed Embalmer No.....

P. O. Address.....

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.