

FILED OCT 13 1942/28

Registration District No. 218 Primary Registration District No. 2000

Registrar's No. 668

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 YR.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 2001 N. KANSAS  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM H. PRESNELL

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 14<sup>th</sup>  
year 1942 hour 7 minute 25 A. M.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARBELLA PRESNELL

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 6 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 42 to Sept. 14 42  
that I last saw him alive on Sept. 13th. 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insyffency over 6mo.

8. AGE: Years 68 Months 0 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield Mo.  
(City, town, or county) (State or foreign country)

Due to Chronic Myocarditis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Carpenter

11. Industry or business Construction

12. Name George Martin Presnell

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Presnell

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

Major findings: 938  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant J. H. Presnell

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Sept 16 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberson Home

18. (a) Signature of funeral director W. H. Ingler

(b) Address Springfield Mo.

19. (a) 9-14-42 (b) S. W. Handley  
(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 \_\_\_\_\_

23. Signature Edmund J. ...  
Address Springfield, Mo. Date signed 9-14-42

OCT 23 1911

**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

*Roy A. Carver*

Licensed Embalmer No.

*1763*

P. O. Address

*Springfield, 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.**

*X*