

FILED SEP 10 1943

Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Co
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Frances
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 years 5 weeks
In this community 54 years 5 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Anna May Presnell

3. (b) If veteran, name war no (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Emanuel W. Presnell 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Feb 28 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Home maker

11. Industry or business Home maker

12. Name John Smith

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

14. Maiden name Mahara Miller

15. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Home R. Presnell

(b) Address Farmington Mo

17. (a) Burial (b) Date thereof Aug 4 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Mo

18. (a) Signature of funeral director Joseph Fuust
(b) Address Farmington Mo

19. (a) 8-10-43 (b) H. St. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2
year 1943 hour 7:50 minute 9 M.

21. I hereby certify that I attended the deceased from 6/29/43
to 8/2 1943

that I last saw her alive on 8/2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Liver

Due to

Due to

Other conditions 46f
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Liver
Of autopsy

Duration

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?

(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 no

23. Signature C. Smith (M. D. or other) no

Address Cap. Recorder Date signed 8/2/43

RECEIVED

District Health Officer No. 4
District File Number 943-2717
Date Filed 9-9-43

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. 4084

P. O. Address Jarmington

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.

14-01-1