

FILED FEB 2 1944

Registration District No. 300

Primary Registration District No. 6225

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada Wash twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hosp No 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 1 month 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 108  
(c) City or town Brighton  
(If outside city or town limits, write "RURAL")  
(d) Street No. unknown  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARA-BELL-PRESNELL

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Wm H Presnell 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased Oct 23 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation formerly Housewife

11. Industry or business none

12. Name Wm Lembaugh

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

14. Maiden name Janna Jane Thomas

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

16. (a) Informant Records State Hosp

(b) Address Nevada Mo

(b) Date thereof Jan 3 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Mo

18. (a) Signature of funeral director Evern and Blue

(b) Address Bellevue Mo

19. (a) 1-7-44 (Date received local registrar) (b) Paul B. Beuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1944 hour 5 minute 7 M.

21. I hereby certify that I attended the deceased from Nov 10, 1943 to Jan 1, 1944  
that I last saw her alive on Jan 1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

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

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)  
Fracture neck Rt Femur

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 1869

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 108

(b) Date of occurrence Nov 26/1943

(c) Where did injury occur? Nevada Vernon Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? fallout of bed on ward.

While at work? no (Specify type of place) (e) Means of injury fracture Rt femur

23. Signature Paul B. Beuck (M, D, or other)

Address State Hosp No 3 Date signed Jan 1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Hazel B. Bewick  
Box 125  
Nevada

RECEIVED

District Health Officer No. 7

District File Number 1-44-52

Date Filed 2-4-44

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 Shepard B. Ewing

Licensed Embalmer No. 3092

P. O. Address Bohannon 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..