

FILED AUG 27 1946

Primary Registration District No. 1000

Registrar's No. 926

1. PLACE OF DEATH:

(a) County Beechman
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2119 Washington Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community abt 25 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARENCE-A-PRESTON.

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

4. Sex Male 5. Color or race whit 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Hellie E. 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 21 (Month) (Day) (Year) 1872

8. AGE: Years 74 Months 2 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Danville N.C. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Clarence Preston

13. Birthplace W.C. N.C. (City, town, or county) (State or foreign country)

14. Maiden name Marion Kestelner

15. Birthplace W.C. N.C. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John E Bishop

(b) Address 1525th Street W. St Joseph

17. (a) B (b) Date thereof Aug 20 1946 (Month) (Day) (Year)

(c) Place: burial or cremation ashland cem

18. (a) Signature of funeral director Henry Funeral Home (b) Address St Joseph Mo

19. (a) Aug 19, 1946 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Beechman
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2119 Washington Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1946 hour 6:25 minute 4 M.

21. I hereby certify that I attended the deceased from Aug, 18th 1946 to _____ 19____; that I last saw him viewed 46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Gland

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 518

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 B.W. Tallock (M. D. or other) Coroner

Address King Hill Bldg Date signed 8/19/46

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

25202

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Dr Tadlock

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 *John Roy Stawey*

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

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.