

FILLED JUL 23 1941
41

Registered in District No. _____

Primary Registration District No. 1354

1. PLACE OF DEATH: Dallas
 (a) County _____
 (b) City or town Buffalo Blanton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 15 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dallas
 (c) City or town Red Fox Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 47 years.

3. (a) PRINT FULL NAME JOSEPH C. PRESLEY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 18
 year 1941 hour 2 minute 45 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Doris Presley 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased Jan - 4 - 1892
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 18, 1941 to April 18, 1941; that I last saw him alive on April 18, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 5 Days 14 If less than one day hr. _____ min. _____

Immediate cause of death Coronary occlusion Duration 3 1/2 hrs
 Due to Probable over exertions

9. Birthplace Koskoning Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Deputy Sheriff

Other conditions (include pregnancy within 3 months of death) None

11. Industry or business _____
 12. Name John A. Presley
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary M. McFiee
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

Major findings: Of operations None
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Laurend H. Presley
 (b) Address St. Louis Mo
 17. (a) Red Fox (b) Date thereof 4-20-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Red Fox
 18. (a) Signature of funeral director [Signature]
 (b) Address Buffalo Mo
 19. (a) _____ (b) _____
 (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) Exertion
 (b) Date of occurrence Apr 14, 1941
 (c) Where did injury occur? Enroute to Nevada MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Deputy Sheriff riding in transport means
 (Specify type of place) (e) Means of injury Exertion
 While at work? Yes
 23. Signature [Signature] (M. D. or other) D
 Address Buffalo MO Date signed 5-3-41

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

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SEP 11 1941

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1207

Date Filed 7-22-41

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

Clyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 215-44

Registration District No. 241

Primary Registration District No. 533 V

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Joseph H. C. Presley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant L.H. Presley

(b) Address St Louis Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Harvey Moom (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 18
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____ (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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

SEP 11 1941