

Registration District No. **20/1918**

Primary Registration District No. **5786**

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
S. of New Bethel Olds Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. E. Marshall
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Samuel Alattie Presson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Fairhurst 6. (c) Age of husband or wife if
alive dead years
7. Birth date of deceased November 19, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 26 hr. _____ min.

9. Birthplace Camden TENN. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business Retired

12. Name James Jarret Presson

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

14. Maiden name Louisa Green

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. Presson

(b) Address Charleston, Mo. R.F.D.

17. (a) Burial (b) Date thereof 1-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armex Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Charleston, Mo.

19. (a) 3/1/43 (b) D. D. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from
Oct 30 1942 to 1942
that I last saw him alive on Oct 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Senility
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 162 lb
Of autopsy _____

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?

23. Signature E. C. [Signature] (M. D. or other)
Address Charleston, Mo. Date signed 1/18/43

Duration
1 yr +

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1257

RECEIVED

District Health Office No. 2.

District File Number 843-230

Date Filed 3-8-43

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.....

John F. Hummel

Licensed Embalmer No. 3851

P. O. Address..... Charleston, W. Va.

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.