

Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
620 E. Portland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **38 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **039**

(c) City or town **Springfield** **26**
(If outside city or town limits, write "RURAL")

(d) Street No. **620 E. Portland**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country **0**

3. (a) PRINT FULL NAME **MARGUERITE L. PRESLEY**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **500-05-1938**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Claude Eugene Presley**

6. (c) Age of husband or wife if alive **Under** years

7. Birth date of deceased **March 8, 1905**
(Month) (Day) (Year)

8. AGE: Years **38** Months **6** Days **18** If less than one day **hr. min.**

9. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Delivery Clerk**

11. Industry or business **Heers Store Co.**

MOTHER FATHER { 12. Name **Henry Lulai**

13. Birthplace **Unk. Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Victoria Rees**

15. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leonard Lulai**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 29, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary**

18. (a) Signature of funeral director **H.B. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **9-29-43** (Date received local registrar) (b) **W. H. Handley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **26**
year **1943** hour **1** minute **55** P.M.

21. I hereby certify that I attended the deceased from **July 21**
1943 to **Sept. 26**, 19 **43**

that I last saw her alive on **Sept. 25**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular heart disease.**

Due to **Aortitis and aortic insufficiency**

Due to **Syphilis, old, unclassified**

Other conditions **309**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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)

(c) Means of injury _____

23. Signature **Frederick E. Lane** (M. D. or other) **Spfld., Mo.**

Address **Orchard General Hosp** Date signed **7/27/43**

Duration **?**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

984

DEC 20 1943

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 Walter E Hamilton
Licensed Embalmer No. 3808
P. O. Address Springfield 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.