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WHILE MAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 7 1944

State File No.

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: St. James Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 minutes
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Sheep

(c) City or town Reese
(If outside city or town limits, write "RURAL")

(d) Street No. Bedford St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Bonnie Diane Presley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 31 1943
(Month) (Day) (Year)

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

- 4 22 hr. min.

9. Birthplace St. James, mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Arthur Presley

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

14. Maiden name Jessie Earnest

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

16. (a) Informant Jessie Earnest

(b) Address Reese, mo

17. (a) Burial (b) Date thereof Jan 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reese Cemetery

18. (a) Signature of funeral director W. Lee Edson

(b) Address Reese, mo

19. (a) January 28 1944 (b) Luelle Ruthie Brook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1944 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1-20
_____, 1944 to 1-23, 1944
that I last saw her alive on 1-23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury ⊙

23. Signature E. E. Faulkner, D. (M. D. or other) _____
Address Reese mo Date signed 1-28-44

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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 S. L. Nye
Licensed Embalmer No. 3397
P. O. Address Reese, W. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Connie D. Presley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: Aug 31 (Month) (Day) (Year)

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

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 23 year 1944 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 Pneumonia (Lobar bilateral)

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) Means of injury _____

23. Signature E. E. Field M.D. (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

105

FILED

2766