

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21932**
Registrar's No. _____

Registration District No. **179**

Primary Registration District No. **4287**

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Tracy
(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 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lincoln
(c) City or town Tracy 57
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DYER ALEX PREBLEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10
year 1944 hour _____ minute _____
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on June and that death occurred on the date and hour stated above.

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Presley 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 27 1881
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis 6 hrs.
Due to Hypertension 5 yrs.
Due to Generalized Arterio Sclerosis 5 yrs.
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 2 Days 14 If less than one day hr. _____ min. _____

Major findings: Of operations 94a
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Tracy Mo
(City, town or county) (State or foreign country)
10. Usual occupation Electrician
11. Industry or business Manager Lunch Branch East
12. Name Peter D. Presley Mo. Power Co.
13. Birthplace Tracy Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Presley
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)
16. (a) Informant Mollie Presley
(b) Address Tracy Mo.
17. (a) Burial (b) Date thereof June 12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tracy
18. (a) Signature of funeral director Kenja Tracy
(b) Address Tracy Mo
19. (a) June 25 (b) Mrs. H. Jackson
(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) _____
(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) (e) Means of injury 0 no
23. Signature Joe C. Creech (M. D. or other) _____
Address Tracy Mo. Date signed June 10/44

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

7
2
0

MOTHER FATHER

JUL 7 1944

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-6-44

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 Morris Muschoney
Licensed Embalmer No. 2461
P. O. Address Wentzville 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.