. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8756

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 946

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3828 E. 16th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 23 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3828 E. 16th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oscar Charles Presley
3. (b) If veteran, name war no
3. (c) Social Security No. 707-18-8560
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosie C. Presley
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 3 (Month) 25 (Day) 1876 (Year)

8. AGE: Years 68 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Porter
11. Industry or business Pullman Co.
FATHER
12. Name Albert Presley
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rosie C. Presley
(b) Address 3828 E. 16th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director R. C. Emb. & Casket Co. Mrs. J. H. Jones
(b) Address 440 State Ave.
19. (a) 2-27-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23 year 1945 hour 10 minute 45 a/M.
21. I hereby certify that I attended the deceased from 12-12-, 1944 to 2-21-, 1945 that I last saw him alive on 2-21-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder
Due to age
Due to
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 2200 E. 18 Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

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. Eugene English

Licensed Embalmer No. 4105

P. O. Address. 440 State Com. K. C.

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.