

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CONSUL  
**FILED SEP 3 1946** STANDARD CERTIFICATE OF DEATH

27314

State File No. 3618  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
3828 E. 16th St. 1  
(d) Length of stay: In hospital or institution. 30 years  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3828 E. 16th St.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Rossie C. Presley  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 8 day 15  
year 1946 hour 70 minute 30 P

4. Sex Female 5. Color or race negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Oscar C. Presley  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Unknown

21. I hereby certify that I attended the deceased from 8/21/46 to 8/15/46  
that I last saw her alive on 8/15/46  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver  
Duration 4 1/2

8. AGE: Years About 70 Months - Days -  
If less than one day hr. min.

Due to 468  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Kentucky  
10. Usual occupation House Work  
11. Industry or business at Home  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

Major findings: Of operations 468  
Of autopsy yes

16. (a) Informant Ceola Mason  
(b) Address 3828 E. 16th St.  
17. (a) Burial (b) Date thereof 8-20-46  
(c) Place: burial or cremation Highland  
18. (a) Signature of funeral director W. Jones  
(b) Address 440 State Ave  
19. (a) 8-20-46 (b) Thelma Holmes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? 0  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? 0 (Specify type of place)  
(2) Means of injury 0  
23. Signature W. Jones (M. D. or other)  
Address 1512 W. 5th Date signed 8/14/46

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

201.34

*J. R. Thompson*

DEC 30 1946

---

---

**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. *7688 410*  
P. O. Address *440 State Ave. W.*

**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.