S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34346

State File No.

Registration District No. 141 · Primary Registration District No. 5552 · Registrar's No. 26

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Koshkonong (Rural)
(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 years, months or days)
In this community: 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howell 46
(c) City or town: Koshkonong (Rural)
(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 .....

3. (a) PRINT FULL NAME: Aley Crafford Pressley
3. (b) If veteran, name war: --
3. (c) Social Security No.: --

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Martha E. Pressley
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: February (Month) 20 (Day) 1867 (Year)

8. AGE: Years 80 | Months 6 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Howell County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....

FATHER
12. Name: Miles Pinkey Pressley
13. Birthplace: N. Carolina / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Jane Smith
15. Birthplace: Arkansas / (City, town, or county) (State or foreign country)

16. (a) Informant: Paul Pressley
(b) Address: Koshkonong, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Shiloh Cem
18. (a) Signature of funeral director: Leland Carter
(b) Address: Thayer, Mo.
19. (a) Oct 15-1947 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 2 year: 1947 hour: 11 minute: 20 A.M.

21. I hereby certify that I attended the deceased from Sep 2 1947 to Sep 2 1947; that I last saw him alive on Sept 2 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial hypertension	5 hrs
Due to: Arterio Sclerosis	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Maurice Hamilton (M. D. or other) MD
Address: West Plains Mo. Date signed: 10/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Thompson, West Plains.

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

RECEIVED
District Health Officer No. 5
District File Number 10-4-765
Date Filed 10-30-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.