No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26028

FILED AUG 23 1948

Registration District No. 121

Primary Registration District No. 5464

Registrar's No. 5

39
0
0

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Murray Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Olka~~. Okla (b) County Pontotoc 999
(c) City or town Ada 34
(If outside city or town limits, write "RURAL")
(d) Street No. 306 E. 16 0
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 18 (Day) 1924 (Year)

8. AGE: Years 23 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Ada (City, town, or county) Oklahoma (State or foreign country) 1
10. Usual occupation Airplane Instructor
11. Industry or business As above
FATHER
12. Name E. L. Presley
13. Birthplace Tenn. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Bertha E. Featherstone
15. Birthplace Stigler, Okla. (City, town, or county) (State or foreign country) 1
16. (a) Informant E. L. Presley
(b) Address Ada, Okla.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director J. W. Klingner
(b) Address Springfield, Mo.
19. (a) 8/18/48 (Date received local registrar) (b) Irene H. Wilson (Registrar's signature) 104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1948 hour 2 minute 38 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Basal skull fracture
Due to Plane crash
Due to
Other conditions 3rd degree burns
(Include pregnancy within 3 months of death)

Major findings:
Of operations 173-8
Of autopsy 34

Duration

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)~~ Accident
(b) Date of occurrence 8/9/48 133
(c) Where did injury occur? Springfield (City or town), Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 mile from Municipal air port (Specify type of place)
While at work? (e) Means of injury Plane crash

23. Signature Clyde B Abbott (M. D. or other)
Address 219 1/2 Equalunt Date signed 8/9/48
Former Greene Co.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 49-8-63
Date Filed 8-20-49

AUG 23 1949

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 Not Embalmed 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.