

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6418

50 MAR 20 1941

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 yrs, years, months or days

3. (a) PRINT FULL NAME ORA. Belle Presley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w
6. (a) Single, widowed, married, divorced 1 m
6. (b) Name of husband or wife Melvin Brown Presley 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec 11 16 - 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Kingston 1 Ark
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Joel Nathaniel Bunch
13. Birthplace Newton Co 1 Ark
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Boatright
15. Birthplace Huntsville 1 Ark
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. B. Presley
(b) Address Savannah ms

17. (a) Special (b) Date thereof 3-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Ark

18. (a) Signature of funeral director E. B. Breit

(b) Address Savannah ms

19. (a) Feb 28-41 (b) Mrs. Jennie Raab
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew's
(c) City or town Savannah 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1941 hour 7 minute 25 p.m.

21. I hereby certify that I attended the deceased from February 2, 1941 to Feb 27, 1941
that I last saw her alive on Feb 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) if

Duration

Major findings: Of operations _____

Of autopsy _____

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? 9311
While at work? _____ (Specify type of place) _____ (City or town) _____ (State)
By means of injury _____

23. Signature Howard Crockett (M.D. or other) M.D.
Address Savannah, Mo Date signed 3-28-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, Ga

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, above space should be left blank.