

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

FILED FEB 14 1944
Registration District No. **120**

Primary Registration District No. **5444**

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural - adjacent
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County 3 Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME William Henry Presley
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
6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if** _____ years
7. Birth date of deceased. April 14 1866
(Month) (Day) (Year)

8. AGE: 77 Years 8 Months 22 Days If less than one day _____ hr. _____ min.

9. Birthplace Rushville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Benedict
(b) Address Chicago, Ill.

17. (a) (b) Date thereof. _____
(Month) (Day) (Year)
(c) Place: burial or cremation Roch. Chgo. Ill.

18. (a) Signature of funeral director Alfred N. Nichols
(b) Address Albany Mo

19. (a) Jan. 11 - 1944 **(b) Alfred N. Nichols**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Albany
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 3 1944 to Jan 6 1944
that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Color Pneumonia Duration 3ch

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. N. Barger (M. D. or other) _____
Address Albany Mo **Date signed** 1-7-44

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifford Brooke

Licensed Embalmer No. 3329

P. O. Address Albany Mo

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.