

2497

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 82
Registrar's No. 5

1. Place of Death: (a) County Gila (b) City or Town Payson (c) Location Payson Highway
(If outside city limits also write RURAL) (St. No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 1 yr.; in Arizona 15 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Payson
(If outside city limits also write RURAL)
(d) Street No. Owens Saw Mill (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME George D. Presley (b) If Veteran No (c) Social Security No. 358-05-7197

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Jennie Lee Presley or wife, if alive 50 yrs. 6. (c) Age of husband
7. Birthdate of deceased Aug 17 1884
(Month) (Day) (Year)
8. AGE: Years 59 Months 11 Days 20 hrs. min.
9. Birthplace Missouri
(City, town or county) (State or Country)
10. Usual Occupation Lumber man
11. Industry or Business Owens Saw Mill
Father } 12. Name George Presley
13. Birthplace Missouri
(City, town or county) (State or Country)
Mother } 14. Maiden Name Millie Bell Coffey
15. Birthplace Missouri
(City, town or county) (State or Country)

16. (a) Informant's own signature Marie Lewis
(b) Address Payson Ariz. Owens saw mill
17. (a) Burial, Cremation or Removal Burial
(b) Place Missouri Ariz. (c) Date Aug 17 1944
18. (a) Embalmer's Signature J. May Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Missouri Ariz.
19. (a) August 23, 1944
(Date received local Registrar)
(b) John C. Kelly
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 12 1944
TIME (Hour and minute) 9:30 P.M.
21. I hereby certify that I attended the deceased from ON
AUG 12 1944 to AUG 12 1944
that I last saw him alive on JULY 30 1944
and that death occurred on the date and hour stated above.
Immediate cause of death CRUSHED TO DEATH
UNDER HIS CAR.
Due to BROKEN NECK AND
CONCUSSION OF THE BRAIN
Due to ACCIDENT
Other conditions NONE
(Include pregnancy within 3 months of death)
Major findings: NONE
Of operations
Of autopsy NONE

DURATION
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) ACCIDENT
(b) Date of occurrence AUG 12 1944 9:30 P.M.
(c) Where did injury occur? PAYSON HIGHWAY GILA ARIZ
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO BUT ON HIGHWAY
(Specify type of place)
While at work? No (e) Means of injury ACCIDENTAL
23. Signature Dr. Howard Dalton DODD M. D.
Address Box 96 Payson Ariz Date signed Aug 24 1944