

2490

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 83

Registrar's No. 6

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 5 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 Lumber Mill (e) Citizen of foreign country (yes or No) no

3. (a) FULL NAME Jennie Lee Presley (b) If Veteran none (c) Special none  
 name war none (d) Country USA (e) Special none  
 Category No. none

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed Married  
 or divorced

6. (b) Name of husband Gen. O. Presley 6. (c) Age of husband 60 yrs.  
 or wife, if alive

7. Birthdate of deceased Feb. 9, 1894  
 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 3 hrs. min.  
 If less than one day

9. Birthplace Fargould Arkansas  
 (City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business none

Father } 12. Name Morris Brown  
 13. Birthplace ? Arkansas  
 (City, town or county) (State or Country)

Mother } 14. Maiden Name Bell Bramlet  
 15. Birthplace ? Arkansas  
 (City, town or county) (State or Country)

16. (a) Informant's own signature Marie Lewis  
 (b) Address Payson Ariz. Owens Lumber Mill

17. (a) Burial, Cremation or Removal Burial  
 (b) Place Miami Ariz. (c) Date Aug 17, 1944

18. (a) Embalmer's Signature J. M. Miles Jr.  
 (b) Funeral Director Miles Mortuary  
 (c) Address Miami Ariz.

19. (a) August 23, 1944  
 (Date received local Registrar)

(b) Sam O. Haley  
 (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  
AUG 12, 1944 to AUG 12, 1944;  
 that I last saw her alive on JULY 30, 1944;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death CONCUSSION OF THE  
BRAIN AND CRUSHED CHEST

Due to CRUSHED UNDER THEIR CAR

Due to ACCIDENT ON HIGHWAY

Other conditions NONE  
 (Includes pregnancy within 3 months of death)

Major findings:  
 Of operations NONE

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 PM

(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 (H. H. H.) M. D.  
 Address Box 96 Payson Ariz Date signed Aug 24, 1944