

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**37505**  
Do not use this space.

112

REC'D NOV 15 1939

**1. PLACE OF DEATH**

(a) County Webster Registration District No. 897

(b) Township Finley Primary Registration District No. 6101

(c) City..... (d) Street No..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Charles Robert Privett 413

(a) Residence, No. .... St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF)** Hellie Privett

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) April 23 1892

**7. AGE** YEARS 47 MONTHS 6 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Farmer

**9. Industry or business in which work was done, as saw mill, bank, etc.**

**10. Date deceased last worked at this occupation** (month and year)..... **11. Total time (years) spent in this occupation**.....

**FATHER**

**12. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Missouri

**13. NAME** J. W. Privett

**14. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo

**MOTHER**

**15. MAIDEN NAME** Gare W. Church

**16. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

**17. INFORMANT** (ADDRESS) Mrs. Hellie Privett  
Seymour Mo

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Day Care DATE Nov 6 1939

**19. FUNERAL DIRECTOR** (NAME) (ADDRESS) Kelley - Ferrrell  
Seymour Mo

**20. FILED** 11-5 1939 RE Memphis  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) Nov 4 1939

**22. I HEREBY CERTIFY**, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

Natural Causes  
Cause unknown

Date of onset

Other contributory causes of importance:

200 lb

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

**23. If death was due to external causes (violence), fill in also the following:**

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

**24. Was disease or injury in any way related to occupation of deceased?**

If so, specify.....

(Signed) H. R. Kelley Coroner, M-D

822 (Address) Seymour Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM-1-12-38  
V. S. No. 2.  
20M-1-1 X14022

JUN 18 1945

---

---

**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.....

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, above space should be left blank.**