

No. 2
-11-10-39
5-17-39
1 X-1492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4046

State File No. _____

Registration District No. 750
FILED JAN 26 1941

Primary Registration District No. 5985

Registrar's No. 1724

1. PLACE OF DEATH:

(a) County Ripley, Missouri
(b) City or town Rural
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley 91
(c) City or town Rural (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 Jan day 6
year 1941 hour _____ minute 4 A. M.
21. I hereby certify that I attended the deceased from 1-1-41, 19____, to 1-6-41, 19____;
that I last saw him alive on 1-2-41, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 6 days

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 Clifford G. Smith (M. D. or other) _____
Address Douglas Mo Date signed _____

3. (a) PRINTED FULL NAME Richard Thomas Privett

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, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July - 25 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Shartlesburg, Ohio Arker, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business for self

12. Name Privett

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Miller (Daughter)

(b) Address Douglas Mo

17. (a) Burial (b) Date thereof 1-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem

18. (a) Signature of funeral director J. B. Johnson

(b) Address Douglas Mo

19. (a) Jan 7-1941 (b) C. B. Johnson
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 171116

Date Filed _____

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 _____

not embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed J. E. Jordan

Licensed Embalmer No. 3260

P. O. Address Douglas

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.