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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23294**

Registration District No. 11 Primary Registration District No. 5038 Registrar's No. 66

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Rural Ash twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. Washburn (3½ mi. N.W.)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 77 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3½ mi N.W. of Washburn
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rebecca Iris Privitt
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 24
 year 1947 hour 4 minute 35 P.M.

4. Sex F. 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife James E. Privitt
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased February 24, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 2, 1935 to June 24, 1947
 that I last saw her alive on June 24, 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>0</u>	<u>10</u> hr. <u>35</u> min.

Immediate cause of death
Acute Congestive Heart Failure
 Due to Chronic Myocarditis
Rheumatic fever.
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration
2 days
6 years
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name John P. Michael
 13. Birthplace McDonald Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sally Stepheson
 15. Birthplace Barry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Privitt
 (b) Address R.F.D. Washburn, Mo.
 17. (a) Burial (b) Date thereof 6/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washburn Prarie Cem.

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?
(Specify type of place)

18. (a) Signature of funeral director Koon Funeral Home
 (b) Address Cassville, Mo.
 19. (a) July 2-47 (b) Grace Williams
Date received local registrar (Registrar's signature)

23. Signature Ed McDaniel (M. D. or _____)
 Address Cassville, Mo Date signed 6/22/47

RECEIVED

District Health Officer No. 6,

District File Number 747-707

Date Filed JUN 21 1947

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.