

MAY 7 1940
Registration District No. 272

Primary Registration District No. 5380

Registrar's No. 12

1. PLACE OF DEATH:

(a) County. Douglas
(b) City or town. Ava, Rural Finley Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Douglas
(c) City or town. Ava, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Stanford Privett 613

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased April 27 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 20 _____ hr. _____ min.

9. Birthplace Lane County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name G.W. Privett

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

14. Maiden name Jane Brown

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

16. (a) Informant Mrs. Florence Camp

(b) Address Route, Ava, Missouri

17. (a) Burial (b) Date thereof 4-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Chinkingbeards

(b) Address Ava Mo

19. (a) 4-20 1940 (b) Reba King White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 17
only 1940 to _____, 19____
that I last saw him alive on April 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral hemorrhage

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 J. L. Gentry (M. D. or other) _____

Address Ava Mo Date signed 4-17-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Dr. J. L. Isentry

RECEIVED

District Health Officer No. 6,

District File No. 540-1208

Date MAY 3 1940

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.