

0. 2
10-39
7-39
K21492

FILED NOV 15 1940

Registration District No. 413

Primary Registration District No. 5559.C.

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper County Tuberculosis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 3 wks (Specify whether)
In this community 40 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 707 No Gray
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME John H Privett

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

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

6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased April 3 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Newtonia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner and Grocerman

11. Industry or business Grocery

12. Name W. S. Privett

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

14. Maiden name Jane Pearson

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

16. (a) Informant Mr. T. B. Dickland

(b) Address Belle California

17. (a) Burial (b) Date thereof 10-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtonia Missouri.

18. (a) Signature of funeral director Hughes Mort. Co.
(b) Address 212 Joplin St. Joplin, Mo.

19. (a) Oct. 25 40 (b) J. L. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1940 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept 20 to Oct 23 1940; that I last saw him alive on Oct 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary

Due to Sclerosis - Tuberculosis

Due to 20

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? _____

370 While at work? (Specify type of place) (e) Means of injury _____

23. Signature Jesse E. Douglass (M. D. or other) _____

Address Jett City MO Date signed 10/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Sam E. Sweeney Jr.*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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, above space should be left blank.