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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4043  
State File No. \_\_\_\_\_  
Registrar's No. 1721

Registration District No. 750

Primary Registration District No. 5985

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Ripley  
(c) Name of hospital or institution: at home  
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Malinda Ann Privett.

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Richard Privett 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased Dec 13 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months - Days 19 If less than one day hr.  min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name John Mott  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name McFarland  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Richard Privett  
(b) Address Douglas, Mo.

17. (a) Burial (b) Date thereof 1-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director E. Jordan

(b) Address Douglas, Mo.

19. (a) Jan 2-1941 (b) C. B. Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 at  
year 1941 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from 12-15-40  
11:45 to 3:30, 1941  
that I last saw her alive on Dec 25-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 weeks  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underlines 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? \_\_\_\_\_

23. Signature Clifford Johnson (Specify type of place) (M. D. or other)  
Address Douglas, Mo. Date signed \_\_\_\_\_

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

RECORDED

District Health Officer No. 5

District File Number 141119

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. *3200*

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.