DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

Registration District No. 58

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5 40 [illegible]

State File No. 26904

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Carter 18
(b) City or town Elsinore Rural 0
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0 1
(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 Mo (b) County Carter 18
(c) City or town Rural 0
(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.? 0 years.

3. (a) PRINT FULL NAME James Isaac Privett
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Lauada Privett
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April (Month) 29 (Day) 1860 (Year)

8. AGE: Years 81 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Tucumsah (City, town, or county) Neb. 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
FATHER
12. Name George M. Previtt
13. Birthplace _____ (City, town, or county) Tenn 1 (State or foreign country)
MOTHER
14. Maiden name Matilda Burns
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant's own signature Loyd Previtt
(b) Address Elsinore Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elsinore Mo
18. (a) Signature of funeral director Leuchel Funeral Service
(b) Address Van Buren Mo.
19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1942 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from 3-11, 1942, to 3-13, 1942 that I last saw him alive on 3-11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	3 days
Due to Senility	
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Wm. H. Burton (M. D. ~~or other~~)
Address Van Buren, Mo Date signed 3-17-42

(Licensed Embalmer's Statement on Reverse Side)

...AINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
...—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 5,
District File Number 942733
Date Filed 9-11-42

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~~ 3-13-4

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren

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.

No. 2B
1—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26904

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County: Carter
(b) City or town: Ellsinn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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

3. (a) PRINT FULL NAME: James D Priuett
3. (b) If veteran name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 29 (Day) 1860 (Year)
8. AGE: Years 81 Months 11 Days 13 (If less than one day) ..... hr. ..... min.
9. Birthplace ..... (City, town, or county) Tex (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
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 .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director: Lincoln
(b) Address: Van Buren Mo
19. (a) April 15 1942 (Date received local registrar) (b) Mrs A J Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day ..... year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY