

FILED DEC 5 1942

Registration District No. 728

Primary Registration District No. 2000

Registrar's No.

784

39
62

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether 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. Rural (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Preston Privett

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

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

7. Birth date of deceased October 26 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Unknown Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Elias Privett
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Polly Upchurch
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Barney Privett
(b) Address Ava Missouri

17. (a) Burial (b) Date thereof Nov 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava
18. (a) Signature of funeral director Clinkingbeard Funeral Home, Ava, Missouri
(b) Address

19. (a) 11-2-42 (b) Dr W J Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1942 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 1 1942 to Nov 1 1942
that I last saw him alive on Nov 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction following
Due to hypertension

Due to gangrene of leg due to diabetes mellitus
Other condition diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Amputation of leg for diabetic gangrene
Of operations
Of autopsy

Duration

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?

While at work (Specify type of place) Means of injury
23. Signature James E. Perry (M. D. or other)
Address Springfield, Mo.

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. B. Hutchinson

Licensed Embalmer No.....

3431

P. O. Address.....

Asa Md

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.