

**FILED JUN 12 1948**

Registration District No. **101**

Primary Registration District No. **5394**

Registrar's No. **31**

**1. PLACE OF DEATH:**

(a) County Douglas

(b) City or town Ava, Rural Boone  
(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 **34**

(c) City or town Ava Rural **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 **0**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Francis Albert 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 Florida Ritter Privett

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 23, 1870  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>75</u>	<u>3</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Washington Privett

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

14. Maiden name Jane Upchurch

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

16. (a) Informant Francis Privett

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 4-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) May 22-36 (b) Ueald Bushman  
(Date received of local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 12  
year 1946 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov 1944  
19\_\_\_\_ to Apr 12 19\_\_\_\_  
that I last saw him alive on Apr 11  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations 93e

Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_

23. Signature J.P. Gentry (M. D. or other) \_\_\_\_\_  
Address Ava, Mo Date signed 6-10-48

15093 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 646-655

Date Filed JUN 17 1945

---

---

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 Ora Mrs

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.