No. 2
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5-17-39,
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31612

FILED OCT 13 1943

Registration District No. 23 — Primary Registration District No. 5458 — Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Walnut Grove (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 1 (Specify whether years, months or days) In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Walnut Grove (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: D

3. (a) PRINT FULL NAME: Maude B. Acuff

3. (b) If veteran, name war: ✓

3. (c) Social Security No. Nil

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: May (Month) 3 (Day) 1881 (Year)

8. AGE: Years 62 Months 4 Days 3 If less than one day: hr. min.

9. Birthplace: Walnut Grove (City, town, or county) Missouri (State or foreign country) D

10. Usual occupation: House Keeping, For our home

11. Industry or business: None

FATHER 12. Name: Benton Y. Acuff

FATHER 13. Birthplace: Not Known (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Carolina Acuff Hawn

MOTHER 15. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs A. R. Parker

(b) Address: Walnut Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Turkey Creek Cemetery

18. (a) Signature of funeral director: Gene A. Brim

(b) Address: Walnut Grove, Mo.

19. (a) Sept. 7-1943 (Date received local registrar) (b) Nelson L. McCreary (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept., day 6th, year 1943, hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 1, 1943, to Sept 15 1943, that I last saw her alive on Sept 15 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the Intestines Literally stone

Due to: Ascertained by Xray July 1942

Due to:

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

Major findings: Of operations: H. O. 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. W. Parker M.D. (M. D. or other)

Address: Walnut Grove Mo. Date signed: 9-7-1943

1245

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 43-10-105
Date Filed 10/11/43

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 Geneva Brown

Licensed Embalmer No. 8664

P. O. Address Springfield 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, fact should be so stated above.