

FILED JAN 20 1943

Registration District No.

Primary Registration District No. 5339

Registrar's No. 47

1. PLACE OF DEATH:

(a) County. Dade
(b) City or town. Bedford R. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. Rural Rock Prairie township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. no (Specify whether
In this community. life years, months or days)

3. (a) PRINT FULL NAME William R. Acuff

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

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married
(b) Name of husband or wife. Lulu Christian 6. (c) Age of husband or wife if alive. 80 years
7. Birth date of deceased. June - 9 - 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 21 If less than one day hr. min.

9. Birthplace. Dade County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. General Farming

12. Name. Samuel Acuff

13. Birthplace. Ill. Tenn. (City, town, or country) (State or foreign country)

14. Maiden name. Elizabeth Scott

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

16. (a) Informant. Franklin Acuff

(b) Address. Bedford R. 2 Mo

17. (a) Burial (b) Date thereof. Dec - 1 - 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Appewell Cemetery

18. (a) Signature of funeral director. James Acuff

(b) Address. Bedford R. 2 Mo

19. (a) 12/1/42 (b) Phyllis Lock (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. 29 (b) County. 0
(c) City or town. 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Nov day. 30th year. 1942 hour. minute. M.

21. I hereby certify that I attended the deceased from Nov 19 29 to Nov 29 1942
that I last saw him alive on Nov 29th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage of the Right Hemisphere.

Due to. 73a

Due to. 73a

Other conditions. none done (Include pregnancy within 3 months of death)

Major findings: Of operations. none done

Of autopsy. none done

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none done

(b) Date of occurrence none done

(c) Where did injury occur? none done (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none done

(Specify type of place)

While at work (a) Means of injury. none done

23. Signature. Charles H. McHaffie (M. D.)

Address. 1211 Grove St. Date signed 12-1-42

RECEIVED

District Health Officer No. 6,

District File Number 143-61

Date Filed JAN 16 1943

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

Lucia Davis

Licensed Embalmer No. 2664

P. O. Address Madison Grove 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.