

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2161

State File No.

FILED FEB 14 1945

Registration District No. 1

Primary Registration District No. 5458

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Walnut Grove, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Walnut St. In
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 (Specify whether)
In this community 4 years years, months or days)

3. (a) PRINT

FULL NAME Martha M. Acuff

3. (b) If veteran,

name war nil

3. (c) Social Security

No. nil

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife W. N. Acuff 6. (c) Age of husband or wife if alive Died 7-25-1934 years
7. Birth date of deceased February 8 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Keeping own home

12. Name James M. Book
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Betty Gouty
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. Macchittian

(b) Address Walnut Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Turkey Creek Cemetery

18. (a) Signature of funeral director Deane A. Brinn

(b) Address Walnut Grove, Missouri

19. (a) Jan 26 1945 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

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. Missouri (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1945 hour 5 minute 20 a.m.

21. I hereby certify that I attended the deceased from Dec 17 1944 to Dec 17 1944, that I last saw her alive on Dec 17 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cotnam's ecchymosis
Due to Arteriosclerosis

Due to High blood pressure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. J. Porter M.D. (M. D. or other)
Address Walnut Grove, Mo Date signed Jan 25 1945

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

MOTHER, FATHER

RECEIVED

Gree Health Office,

County File Number 45-2-12

Date Filed 2-12-45

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 Gene A. Brim

Licensed Embalmer No. 2664

P. O. Address Walnut 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.