

FILED JUL 25 1946

Registration District No. **1120**

Primary Registration District No. **2030**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jefferson**
 (b) City or town **Festus**
 (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 years, months or days)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME

Joe Acuff

3. (b) If veteran, name war _____ 3. (c) Social Security No. **487-28-4307**

4. Sex **Male** 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 (Day) (Year)
 7. Birth date of deceased **Oct 15 1891** (Month) (Day) (Year)

8. AGE: Years **54** Months **9** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Bismarck MO** (City, town, or county) (State or foreign country)

10. Usual occupation **River Work**

11. Industry or business **Govt dredge Boat**

MOTHER FATHER { 12. Name **William Acuff**
 13. Birthplace **Knoxville Tenn** (City, town, or county) (State or foreign country)
 14. Maiden name **Katherine Clifford**
 15. Birthplace **Piedmont MO** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Gladys Hahn**
 (b) Address **St Louis Co. MO**

17. (a) **Burial** (b) Date thereof **7-18-46** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bismarck, MO**

18. (a) Signature of funeral director **Fink Funeral Parlor**

(b) Address **Festus, MO**

19. (a) **July 23 1946** (b) **Deann Brown** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson** 50
 (c) City or town **Festus** 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? **No** (Yes or No) 1
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **July** day **16th** year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **July 16** 19**46** to **July 16** 19**46**
 that I last saw him alive on **July 16** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury **C**

23. Signature **Deann Brown** (M. D. or other) _____

Address **Festus, Mo** Date signed **7/22/46**

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

AUG 22 1946

AUG 25 1946

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 _____
working under my personal supervision.

Signed

Elexant Province

Licensed Embalmer No. 3403

P.O. Address *Jessie M*

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.