No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30927

Registration District No. V00 — Primary Registration District No. 3041 — Registrar's No. 95

1. PLACE OF DEATH:

(a) County: Macon county
(b) City or town: Macon Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samaritan Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: One day (Specify whether years, months or days)
In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:

102
(a) State: Missouri (b) County: Shelby
(c) City or town: Shelbina, Mo. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nancy Davis Acuff

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Deceased

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

7. Birth date of deceased: January 2nd, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	7	10	____ hr. ____ min.

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

10. Usual occupation: House wife

11. Industry or business: " "

MOTHER FATHER

12. Name: David Halliburton
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name: Sally Ann Edwards
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Davis Acuff
(b) Address: Troy, Missouri

17. (a) Burial (Burial, cremation, removal) (b) Date thereof: 8-5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelbina, Mo.

18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Shelbina, Missouri

19. (a) 9-3-46 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

18J

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd year 1946 hour 3 minute 30P. M.

21. I hereby certify that I attended the deceased from July 26 1946 to Aug 3 1946 that I last saw h[illegible] alive on Aug 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetis Mellitus	10 yrs

Major findings:
Of operations: 61
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? 0
(Specify type of place)
While at work? Means of injury

23. Signature: [illegible] M.D. (M. D. or other)
Address: [illegible] Date signed: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 9-46-1262
Date Filed SEP 20 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.