

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28679

FILED AUG 20 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital
(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 _____

3. (a) PRINT FULL NAME Hucinda Acuff

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife P. B. Acuff

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

7. Birth date of deceased: Nov. 8th 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>8</u>	<u>27</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name George King

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Hucetia Smith

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

16. (a) Informant P. B. Acuff

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof 8-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Aug 7-47 (b) Paul H. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 935 W. Reed
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 14/46 to Aug. 5/47
that I last saw the deceased alive on Aug. 4-47
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma, hepatic 1 yr.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(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)

23. Signature L. E. H. H. H. (M. D. or other)
Address Moberly Mo Date signed 8/7/47

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

MOTHER FATHER

FEB 6 1950

DEC 21 1951

DEC 28 1951

RECEIVED
District Health Officer No. 10
District No. 8-47-1072
Date Filed --AUG 19-1947

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 Frank B DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.