

Registration District No. **178**

Primary Registration District No. **4281**

1. PLACE OF DEATH:
 (a) County **Lewis**
 (b) City or town **CANTON CANTON**
(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 **36 yrs.**

3. (a) PRINT FULL NAME **SAMUEL A. TUCKER**
 3. (b) If veteran, name was **None**
 3. (c) Social Security No. **None**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Elizabeth Moxley** 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **Dec 12 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 4 hr. min.

9. Birthplace **Lewis Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **SAMUEL TUCKER**

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

14. Maiden name **MARtha ATCHUT**

15. Birthplace **KINGSTON ONT. CANADA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Isabel Moxley**

(b) Address **CANTON Mo.**

17. (a) **BURIAL** (b) Date thereof **1/18/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grion Hill Cemetery**

18. (a) Signature of funeral director **Ed. H. Buckley**

(b) Address **Canton, Missouri**

19. (a) **1-17-48** (b) **Dr. Jennings**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lewis**
 (c) City or town **Canton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **600 Grant**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **16**
 year **1948** hour **3** minute **30 A.M.**
 21. I hereby certify that I attended the deceased from **Sept 25 1945** to **1/16 1948**
 that I last saw **him** alive on **1/16 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial** Duration
degeneration **3 hrs**
 Due to **senility + diabetes + anemia**

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

Major findings:
 Of operations _____
 Of autopsy **61**
 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? **2**

While at work _____
(Specify type of place) (e) Means of injury
 23. Signature **Donald Buchanan** (M. D. or other) **DO**
 Address **Canton, Mo.** Date signed **1/17/48**

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

MOTHER FATHER

FEB 9 1948

RECEIVED
District Health Officer No. 12
District File Number 1-48-170
Date Filed JAN 27 1948

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 *Earl H. Buckley*

Licensed Embalmer No. *2675*

P. O. Address *Canton, 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.