

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 29 1948

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Sevier Canton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yrs.
(Specify whether years, months or days)

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. 6
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME Elizabeth Jane Tuley

3. (b) If veteran, name war: No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1948 hour 10 minute 30 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Samuel J. Tuley 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased October 19 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 29 1947 to Jan 11 1948
that I last saw h. alive on Jan 11 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>2</u>	<u>22</u>	hr. min.

Immediate cause of death: Cerebral hemorrhage 3 hrs.

Due to Hypertension 20 yrs.

Due to

9. Birthplace Hannibal Co. Illinois
(City, town, or county) (State or foreign country)

Other conditions (Includes pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations 3A

11. Industry or business

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Thomas Armstrong

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

14. Maiden name Mary Tucker

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

16. (a) Informant Ernest Tuley

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 1/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

18. (a) Signature of funeral director Paul S. Buckley

(b) Address Canton, Mo.

19. (a) 1-13-48 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

While at work?

(Specify type of place) (c) Means of injury

23. Signature W. B. Johnson (M. D. or other) 90.

Address Canton, Mo. Date signed 1/13/48

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

56
1
0

RECEIVED
District Health Officer No. 10
District File Number 1-48-171
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.....

Paul A. Vaughan....., Registered Apprentice No. 454
working under my personal supervision.

Signed Earl H. Buckley.....
Licensed Embalmer No. 2615
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.