

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29968

-17-39
I X21492

Registration District No. 875

Primary Registration District No. 6160

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Center Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile west of Nevada 2
(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 35 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Phoebe Ellen Mowry 600

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jesse Mowry 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 22 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Jasper County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name David Thompson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Partico

15. Birthplace Penna 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Mowry

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Aug 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park 795

18. (a) Signature of funeral director Allen V. Hays

(b) Address Nevada, Mo.

19. (a) 8-14-1940 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. Rt. 1, Center Township
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1940 hour _____ minute 6 P. M.

21. I hereby certify that I attended the deceased from Patient Visit
deceased on my arrival - first visit
that I last saw h. alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Don't Know 44A

Due to Don't Know

Other conditions (include pregnancy within 3 months of death) Don't Know

Major findings: Of operations

Of autopsy

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?
While at work? W. Love mth (Specify type of place)
(e) Means of injury _____

23. Signature W. Love mth (M. D. or other) 1
Address Nevada, Mo Date signed Aug 15, 1940

Duration about one year probably

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1262

Date Filed 9-5-40

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 Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada Nev

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, above space should be left blank.