

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18257

State File No. \_\_\_\_\_

FILED JUN 14 1947

Registration District No. 259

Primary Registration District No. 3048

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville, Mo.  
(c) Name of hospital or institution:  
At own home-409 West 3rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 29 Years  
years, months or days)

3. (a) PRINT FULL NAME ISADORA TEBOW

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 Widowed  
6. (b) Name of husband or wife Charles C. 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased January 20, 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 15  
If less than one day hr. \_\_\_ min. \_\_\_

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name John Gyger  
13. Birthplace Berne Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Priscilla Rhodes  
15. Birthplace Penna.  
(City, town, or county) (State or foreign country)

16. (a) Informant Kenney Tebow  
(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 6-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home  
(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 6-7-47 (b) Res. Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74  
(c) City or town Maryville 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 409 West 3rd. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1947 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Mar 9  
1947 to June 5, 1947  
that I last saw her alive on June 5, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Baangrene 10 yrs  
Arteriosclerosis  
Thrombophlebitis  
Stenosis

Other conditions Virus pneumonia  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature E. O. Jones M.D. (M. D. or other) 0  
Address Maryville Mo. Date signed June 4, 1947

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*W. L. Gee*

Licensed Embalmer No.....

*2539*

P. O. Address.....

*Marionville 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.