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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3646

State File No.

FILED FEB 13 1948

Registration District No. 325

Primary Registration District No. 10095

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community all life
years, months or days)

3. (a) PRINT FULL NAME Pheba Josephine Whiteside

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Nov. 15 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 11 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Allen Howard
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Pheba May
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Pearce
(b) Address Downing, Mo.

17. (a) Burial (b) Date thereof Jan. 28, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey Cemetery

18. (a) Signature of funeral director Lloyd Moore
(b) Address Downing, Mo.

19. (a) Feb. 3 - 48 (b) W. D. J. Drake
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schuyler
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1948 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan. 2, 1948, to Jan. 26, 1948;
that I last saw her alive on Jan. 20, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration 24 hrs.

Due to Myocardial Failure 1 month

Due to Cardiac Decompensation 1 yr.

Other conditions Senility
(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)
Means of injury 2

23. Signature R. D. Strickland, D.D. (M.D. or other)
Address Queen City, Mo. Date signed 1/26/48

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

RECEIVED
District No. 10
District File Number 2-48-291
Date Filed FEB 11 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Dorning me

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.