DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1948

Registration District No. [illegible]

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23725

Primary Registration District No. 3048

Registrar's No. 187

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

1. PLACE OF DEATH:

(a) County: Nodaway

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

(c) Name of hospital or institution: McBride Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 months (Specify whether years, months or days)

In this community: 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway 74

(c) City or town: Ravenwood 5
(If outside city or town limits, write "RURAL")

(d) Street No.: none
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: PHOEBE MARTHA MOW

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female 1

5. Color or race: White 2

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Chas. S. Mow

6. (c) Age of husband or wife if alive: dec. years

7. Birth date of deceased: Dec. (Month) 3 (Day) 1859 (Year)

8. AGE: Years 88 | Months 7 | Days 17 | If less than one day: hr. min.

9. Birthplace: Lancaster Co. (City, town, or county) Pa. 1 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: John Lyle

13. Birthplace: (City, town, or county) Pa. 1 (State or foreign country)

14. Maiden name: Susan Pierce

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

16. (a) Informant: Eugene Lyle

(b) Address: Ravenwood, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7/22/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Lawn Cemetery

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: Maryville, Missouri

19. (a) 7-24-48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1948 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Apr 20th, 1948, to July 20th, 1948; that I last saw her alive on July 18th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Paroxysmal Tachycardia	1 wk
Due to: Chronic myocarditis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): NB	

Major findings:
Of operations: no operations
Of autopsy: no 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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: L E Dean (M. D. ~~or other~~)

Address: Maryville Mo Date signed: 7-20-48

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.