

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37617

State File No. \_\_\_\_\_  
Registrar's No. 93

Registration District No. 275 Primary Registration District No. 4409

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

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town Newburg  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 80 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MAGGIE ELIZABETH YOWELL  
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, married  
6. (b) Name of husband or wife Henson Yowell  
6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased Aug 30 1863 (Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Bige Howard

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

14. Maiden name Rachel Bunch

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

16. (a) Informant Mrs Myrtle Nichols

(b) Address 7035 Bancroft St. Davis

17. (a) Burial (b) Date thereof Nov 6 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cemetery

18. (a) Signature of funeral director Lee Johnson  
(b) Address Newburg Mo

19. (a) 11-13-48 (b) Nadine L. Stoll (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town Newburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1948 hour 1 minute 40 P.M.  
21. I hereby certify that I attended the deceased from Oct 10 1947 to Nov 4 1948 and that death occurred on the date and hour stated above.

that I last saw h. ~~h.~~ alive on Nov 4 1948  
Immediate cause of death Cerebral Hemorrhage 24 hrs.  
Due to Hypertension Arterial Sclerosis

Due to Senile Delirium  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 835  
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)  
23. Signature Richard C. Myers (M. D. or other)  
Address Newburg, Mo Date signed Nov 6 48

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 11/19/48

NOV 22 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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.