REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14714
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy — Registration District No. 326
(b) Township Franklin — Primary Registration District No. 5456 — Registered No. 8
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Glenda Guinetha Roberts
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1914
7. AGE: YEARS 23 — MONTHS 10 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

FATHER
13. NAME Guy Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

MOTHER
15. MAIDEN NAME Verna Hickman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

17. INFORMANT (ADDRESS) Guy Roberts Spickard Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem. DATE May 1 1938
19. FUNERAL DIRECTOR (ADDRESS) Chas. E. Schooler Spickard Mo.
20. FILED May 1 1938 Mrs Wilbur Vaughn Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1938, to Apr 29, 1938
I last saw her alive on Apr 29, 1938. Death is said to have occurred on the date stated above, at 3:45p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936

Other contributory causes of importance:

23

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E W Ewing, M. D.
(Address) Spickard Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. ASL should be stated EXACT. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, Ross Wise, Licensed Embalmer No. 3771

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ross Wise

Missouri L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Ross Wise

Licensed Embalmer No. 3771

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.)