REC'D OCT 19 1938

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

31988
Do not use this space.

1. PLACE OF DEATH

(a) County Clay — Registration District No. 197

(b) Township Gallatin — Primary Registration District No. 5276A — Registered No.

(c) City North Kansas City — (d) Street No. North Kansas City, Clay Co., Missouri 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 Nora Millsap Grover

(a) Residence, No. North Kansas City, Clay Co., Mo. St. [ ] North Kansas City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bert A. Grover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1873

7. AGE: YEARS 65 — MONTHS 3 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At home
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): Missouri 0

FATHER
13. NAME: John S. Millsap 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

MOTHER
15. MAIDEN NAME: Nancy B. Hallan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Bert A. Grover (Husband) North Kansas Cy., Clay Co., Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Washington Cem.
PLACE Kansas Cy., Mo. DATE Sept. 21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stine & McClure Kansas City, Missouri

20. FILED Oct. 5 1938 Viola C. Moyer Local Registrar.

Per L.M.A. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1938 to 9/20, 1938
I last saw her alive on 9/20, 1938. Death is said to have occurred on the date stated above, at P. m. 7:15
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiaspneumonia	9/16/38
131	
Other contributory causes of importance: Cardio-vascular Renal Disease	1937

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) M. O. Singhus, M. D.
(Address) Commercial Bldg. Kansas City, Mo.

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

RECEIVED
District Health Officer No. 8,
District File Number 10/14/38
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.