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.

(FOREC 1 5 ...

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

40373
Do not use this space.

1. PLACE OF DEATH
(a) County: Newton — Registration District No.: 614
(b) Township or (c) City: Granby City — Primary Registration District No.: 455-5 — Registered No.: 27
(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: 162 America Ann. Spears
(a) Residence, No.: Country — St.
(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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25 1871

7. AGE: Years 67 — Months 10 — Days 9 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
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): Missouri

FATHER
13. NAME: Richard Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Delilah Trent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Dennis Stevens, Granby Mo. R

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Granby Cem. DATE: Nov 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rogers Funeral Serv. Wheaton Mo

20. FILED: Nov 4, 1939 — R E Rolens, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Nov 4, 1939.
I last saw h. alive on Oct 13, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	2 yr.
Anasarca	2 wk

Other contributory causes of importance: None

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): R E Rolens, M. D.
(Address): Granby Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1239-2559
Date Filed DEC 12 1939

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~~ Wm. Morris Pogue, Registered Apprentice No. ..... working under my personal supervision.

Signed Wm. Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton,

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

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