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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43469
State File No.

FILED JAN 24 1947

Registration District No.

Primary Registration District No. 5423

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Cardwell, Rural
(If outside city or town limits, write "RURAL" and name of township)
(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. life (Specify whether
In this community life years, months or days)

3. (a) PRINT
FULL NAME

Glenda Lou Hill

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 -
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Dec. 7, 1946
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name E. D. Hill
13. Birthplace Dunklin Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dora Curry
15. Birthplace Ripley, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E. D. Hill
(b) Address Cardwell, Mo.

17. (a) Burial (b) Date thereof 12/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Grew Cemetery, Mo.

18. (a) Signature of funeral director Lawrence and Co.

(b) Address Leachville

19. (a) 1-11-1947 (b) Mrs J. N. Daniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Cardwell, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 7, 1946, to December 14, 1946; that I last saw her alive on December 14, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

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) (e) Means of injury

23. Signature Robert E. Martin (M. D. or other)
Address Senatha Missouri Date signed 12-19-46

(Licensed Embalmer's Statement on Reverse Side)

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

Lic. No. _____
District File Number 147-115
Date Filed 1-20-47

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.....

Unembalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed H. H. Howard.....

Licensed Embalmer No. 3959.....

P. O. Address Leachville, Ark.....

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.