

REC'D OCT 15 1938

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

31163

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3460  
 (c) City K. C. Mo. (d) Street No. 625 West 70th Terrace 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

Mrs. Nannie Royce Kincheloe 524  
 (a) Residence, No. 625 West 70th Terrace 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

## MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. M. B. Kincheloe

22. I HEREBY CERTIFY, That I attended deceased from: About Jan 1, 1938, to Sept 2, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1853

I last saw her alive on Sept 2, 1938 Death is said to have occurred on the date stated above, at 9:35 m. am

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 6 24

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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

Senility

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County, Ky.

Other contributory causes of importance:

Arterio-sclerosis  
Chronic Bronchitis  
Malnutrition

FATHER 13. NAME Tasitus Royce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER 15. MAIDEN NAME Sallie Christopher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. C. S. Walden  
625 West 70th Terrace

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin, Mo. DATE Sept. 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home  
Kansas City, Mo.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Ferris, M. D.

(Address) 934 Maple Bldg.

20. FILED Sept 2 38 M. M. Brown  
Local Registrar.

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**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 conform with the above constitutes grounds for revocation of license.)**

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