

REC'D OCT 19 1939

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

33216  
Do not use this space.

1. PLACE OF DEATH

(a) County phelps Registration District No. 677  
(b) Township Rolla Primary Registration District No. 4403 Registered No. 103  
(c) City Rolla (d) Street No. \_\_\_\_\_  
(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

(a) Residence, No. 521 James Francis Kinck  
(Usual place of abode, if no street address, write county or city) Rolla Hospital  Rolla Route 2  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Swiss Kinck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 5 8

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.  
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) Tennessee

FATHER 13. NAME Do not know

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

MOTHER 15. MAIDEN NAME Do not know

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

17. INFORMANT (ADDRESS) Walter Kinck  
Newburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hudgens DATE 8/31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Harry McCaw  
Rolla, Missouri

20. FILED Sept 1, 1939 Joe F. Ayers  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/5/39, 1939, to 8/29, 1939  
I last saw him alive on 8-28, 1939. Death is said to have occurred on the date stated above, at 9:00 A. M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of urinary bladder Date of onset

Other contributory causes of importance: 51

Name of operation \_\_\_\_\_ 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?  
If so, specify \_\_\_\_\_ (Signed) Robert M. Ayers M. D.  
(Address) \_\_\_\_\_

WRITE PERMANENTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**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, .....

*R. J. McEaw*

or by .....

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

RECEIVED

District Health Officer No. 5,

District File Number 1039308

Date Filed 10/03/39

Signed .....

*R. J. McEaw*

Licensed Embalmer No. 3953

P. O. Address Rolla

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, above space should be left blank.