

EXPIRES FEB 26 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1283
Registrar's No. 268

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson, 2
(b) City or town Kansas City,
(c) Name of hospital or institution:
3316 Gillham Plaza,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
In this community 20 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 3316 Gillham Plaza,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Mrs. Emma J. Kincaid 523
3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife William Kincaid, 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 21st October 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>28</u>	hr. min.

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

10. Usual occupation Housewife,
11. Industry or business at home.

MOTHER FATHER
12. Name James Hall,
13. Birthplace Virginia,
(City, town, or county) (State or foreign country)
14. Maiden name Mary Briggs,
15. Birthplace Illinois,
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eva Mae Kincaid,
(b) Address 3316 Gillham Plaza, K.C., Mo.

17. (a) Burial (b) Date thereof Jan 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Olathe, Kansas.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan. 20, 1940 (b) M.M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 19,
year 1940 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 1-2-39
to 1-19-40, 1940,
that I last saw him alive on 1-18- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic hypoxia,
Chronic myocarditis

Due to acute edema of
heart failure
Other conditions ✓
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: ✓
Of operations ✓
Of autopsy ✓
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) no
(b) Date of occurrence —
(c) Where did injury occur? no
(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 M. M. Brown (M. D. or other)
Address 300 Bayle Date signed 1-20-40

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

REV. 5-17-39
1 X1951

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.

Dr. Walter P. Miller

*W.P. Miller at home
at St. Mary's Hosp.
sent AM. 10 30*

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 *J. B. Waters*

Licensed Embalmer No. *3992*

P. O. Address *R C Mo.*

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.