

WRITING MATERIAL - USE UNFADING BLACK INK - MAKE 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1381
Registrar's No. 366

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
3817 Monroe Avenue
(d) Length of stay: In hospital or institution ---
In this community 7 1/2 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Edwin L. Lincoln
8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Marr.
6. (b) Name of husband or wife Mrs. Nancy Ann Lincoln 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased July 19 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business ---

MOTHER FATHER
12. Name Levi Lincoln
13. Birthplace New York
14. Maiden name Susan Alabama Nance
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Hemmelick
(b) Address 2709 Kensington

17. (a) Cremation (b) Date thereof Jan. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Jan. 25, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3817 Monroe Avenue
(e) If foreign born, how long in U. S. A? --- years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 24th
year 1940 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 1-18-40
10-1-29, 1940, to 1-23, 1940;
that I last saw him alive on 1-23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Tumors of the Duration

Due to Arterio Sclerosis

Due to gla

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 W. C. Brownell (M. D. certifies)
Address 1129 Grand Date signed 1-24-40

1129 Grand Avenue
10-6

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 Kenneth Page Sipe

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek K.C.M.

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.

1129