

FILED FEB 15 1940

Registration District No. 192

Primary Registration District No. 5276 A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town North Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1004 E. 21st Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Denver City Vincent

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Hannah Vincent 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased September 20, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Railroad detective

11. Industry or business C. B. & Q. Railroad

MOTHER FATHER { 12. Name William Vincent
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Vance
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. S. Mason
 (b) Address 1004 E 21, N.K.C.
 17. (a) Burial (b) Date thereof 11/21/39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Morton Funeral Home
 (b) Address North Kansas City, Mo.

19. (a) 11/15/40 (b) John S. Morton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town North Kansas City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1004 E. 21,
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
 year 1939 hour 1:52 minute 8 M.

21. I hereby certify that I attended the deceased from Aug 1, 1939
 to Nov 20, 1939;
 that I last saw him alive on Nov 20, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum

Due to 46

Other conditions Removal of adenoid
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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 Morton (M. D. or other) _____
 Address Forest Hill Date signed 11-21-39

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/3/40

STATEMENT BY LICENSED EMBALMER

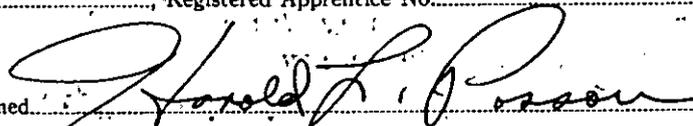
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3605**

P. O. Address **North K. 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.