

MO JUN 14 1940
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18322

State File No. _____

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. 93

1. PLACE OF DEATH: Dunklin
 (a) County Dunklin
 (b) City or town Malden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME Mrs. Lula Kincaid
 8. (b) If veteran, name war ✓
 3. (c) Social Security No. 2

4. Sex F 5. Color W 6. (a) Single, W married, W divorced, W widowed
 6. (b) Name of husband or wife Alroy 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 17 1869
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Collins

13. Birthplace Union City Tenn
 (City, town or county) (State or foreign country)

14. Maiden name Mrs. Taylor

15. Birthplace Union City Tenn
 (City, town or county) (State or foreign country)

16. (a) Informant Les Kincaid

(b) Address Malden Mo

17. (a) Burial (b) Date thereof 5-14-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director J. L. Craig

(b) Address Malden

19. (a) 5/14/1940 (b) S.S. Mitchell
 (Date received by local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
 year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 8-1939
 _____, 19____, to May 13th, 1940
 that I last saw her alive on May 13th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis
 Duration 10yrs

Due to _____
 Due to _____

Other conditions rupture cerebral artery
 (Include pregnancy within 6 months of death) 2 mo

Major findings: _____
 Of operations: _____

Of autopsy: _____

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? ✓

2 _____ (Specify type of place) _____
 While at work? _____ (e) Means of injury ✓

23. Signature S.S. Mitchell (M. D. or other) ✓

Address Malden Mo Date signed 5/14/40

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

MOTHER FATHER

PHYSICIAN

 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2

District File Number 640-1108

Date Filed 6/6/40

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.....

....., 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 comply with the above constitutes grounds for revocation of license.)

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