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.

FILED JAN 13 1941

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

42188
Do not use this space.

1. PLACE OF DEATH
(a) County Clay
(b) Township Liberty
(c) City 2
(d) Street No. ..... St.
(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 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 201
Primary Registration District No. 5280
Registered No. 82

2. PRINT FULL NAME James Franklin Kincaid
(a) Residence, No. Liberty Mo. R. #1 St.
(Usual place of abode, if no street address, write county or city)
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1871
7. AGE YEARS 67 MONTHS 11 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dairyman
9. Industry or business in which work was done, as saw mill, bank, etc. for self.
10. Date deceased last worked at this occupation (month and year) 10 days ago
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Liberty Mo

FATHER
13. NAME John Kincaid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Martha Groom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.

17. INFORMANT (ADDRESS) Mrs. Roy Kincaid R#1 Liberty, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty, Mo DATE June 6 1939 Fairview

19. FUNERAL DIRECTOR (ADDRESS) Church-Archer Co Liberty, Mo

20. FILED Jan 2 1941 Helen Early asst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938, to June 4, 1939
I last saw him alive on June 4, 1939. Death is said to have occurred on the date stated above, at 4:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/30/39
Other contributory causes of importance:	
Arteriosclerosis	10 yrs.
Chr. Myocarditis	10 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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? no
If so, specify .....
(Signed) [signature], M. D.
(Address) Liberty, Mo.

940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Health File Number
Date Filed 1-6-41

STATEMENT BY LICENSED EMBALMER

I, Edgar Archer, Licensed Embalmer No. 3311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

~~L. E.~~

~~No.~~ ~~or by~~, ~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed Edgar Archer

Licensed Embalmer No. 3311

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)