

RECORDED MAR 1 10 49

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **6669**

Registration District No. **190 5265**

Primary Registration District No. **190 5265**

Registrar's No. **6**

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

1. PLACE OF DEATH

(a) County Clark
 (b) City or town Rural Union Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Ansel Dorsey Kinkade

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 5 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>5</u>	<u>18</u>	hr. _____ min.

9. Birthplace Kahoka, O Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at School

11. Industry or business _____

MOTHER FATHER
 { 12. Name Paul S. Kinkade
 { 18. Birthplace Gulou 1 Illinois
(City, town, or county) (State or foreign country)
 { 14. Maiden name Bordie Wells
 { 15. Birthplace Clark O Missouri
(City, town, or county) (State or foreign country)

18. (a) Informant Mrs Bordie Kinkade
(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 2/25/1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ballard Cemetery

18. (a) Signature of funeral director Fred J. Charles
(b) Address Kahoka Mo.

19. (a) 6-25-41 (b) M. Rodgers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Union Twp.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 nd.
year 1941 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from Feb 22nd, 1941, to Feb 23rd, 1941; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Duration _____

Due to _____
Due to _____
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) _____
Means of injury _____

23. Signature Gravel Gray (M. D. or other) MD
Address Kahoka Mo. Date signed 2/26/41

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RECEIVED

District Health Officer No. 10

District File Number 3-41-549

Date Filed MAR 10 1941

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 *Fred J. Karle*

Licensed Embalmer No. 1023

P. O. Address *Kahoka 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.