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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7018

Registration District No. 326 Primary Registration District No. 5456 Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Rural Franklin township
(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) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Franklin township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Stewart Kincaid

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Elizabeth

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

7. Birth date of deceased Nov (Month) 20 (Day) 1860 (Year)

8. AGE: Years 80 Months 2 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Calvin Kincaid
13. Birthplace (City, town, or county) Unk 9 (State or foreign country)

MOTHER
14. Maiden name Teletha Nida
15. Birthplace (City, town, or county) Unk 9 (State or foreign country)

16. (a) Informant Bertha Gunn
(b) Address Spickard MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 13 (Day) 1941 (Year)
(c) Place: burial or cremation North Evans Cem Spickard Mo

18. (a) Signature of funeral director Ros E Schooler
(b) Address Spickard MO

19. (a) Feb 13, 41 (Date received local registrar) (b) Miss Wilbur Vaughn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-9-41 to 2-11-, 1941, to ..., 19...;
that I last saw him alive on 2-9-, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of thyroid Gland of several months duration

Due to

Due to

Other conditions
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C H Hullers MD (M. D. or other) D
Address Trenton Mo Date signed 2-13-41

(Licensed Embalmer's Statement on Reverse Side)

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Lockwood 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. Not Embalmed.