

FILED MAY 7 1941

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

13820

Do not use this space.

## 1. PLACE OF DEATH

(a) County Barton Registration District No. 41  
 (b) Township Frank Primary Registration District No. 506-4 Registered No. 4028  
 (c) City Liberals (d) Street No. 1 City Liberal St. Mo.  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Francis J. Kincaid  
 (a) Residence, No. City St. Mo.  
 (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 1 married  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie E. Kincaid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 11 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Mgr  
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant  
 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound City, Kansas

13. NAME Allison Kincaid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Narcissus Sharp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Sallie E. Kincaid  
Liberals, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Joseph Mo DATE May 6 1941

19. FUNERAL DIRECTOR (ADDRESS) Benker Funeral Services  
Mulberry, Kansas

20. FILED May 5 1941 J.R. Spill Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1941

22. I HEREBY CERTIFY, That I attended deceased from May 4 1941 to May 5 1941.

I last saw him alive on May 4 1941. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 18 Mo.

Other contributory causes of importance: 12 Pt  
influenza

Name of operation Physical Date of 0

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1941

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J.R. Spill M. D.

4 (Address) Liberals Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, J. M. Berkeley, Licensed Embalmer No. 2336

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

J. M. Berkeley

Licensed Embalmer No. 2336

**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.)**