

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

35
3
1

1. PLACE OF DEATH
 (a) County Dunklin
 (b) City or town Malden mo
 (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

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) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Infant - Kincaid
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 3
 year 1943 hour 9 minute PM

4. Sex Male 5. Color of race White
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 3 1943
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/3/1943 to 5/3/1943, 19____ to _____, 19____ that I last saw him alive on 5/3/1943 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Abortion - Placenta Producing Premature birth 1 side
 Duration _____
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Malden mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Jesse J. Kincaid
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lily Vaughn
 15. Birthplace mo
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: 159
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant J. J. Kincaid
 (b) Address Malden mo
 17. (a) Burial (b) Date thereof 5-4-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Malden mo

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? _____

18. (a) Signature of funeral director H. R. Craig
 (b) Address Malden mo
 19. (a) 5-3-43 (b) P. Elder
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature J. B. Mitchell (M. D. or osteopath)
 Address Malden mo Date signed 5/3/43

1288

RECEIVED

District Health Office No. 2,

District File Number 643-757

Date Filed 6-7-43

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, fact should be so stated above.