

Registration District No. 3052

Primary Registration District No. 3052

1. PLACE OF DEATH
 (a) County Pettis
 (b) City or town Sedalia
 (c) Name of hospital or institution Bothwell O
 (d) Length of stay: In hospital or institution 8 1/2 (Specify whether
 In this community 8 1/2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Denton
 (c) City or town Rural E. Lindsey Twp
 (d) Street No. 4 miles northwest of Warsaw
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Milton Kinkead
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 17
 year 1943 hour 9 minute P.M.
 21. I hereby certify that I attended the deceased from Sept 17
1943 to Sept 17 1943
 that I last saw him alive on Sept 17 1943
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ year(s)
 7. Birth date of deceased June 30 1884
 (Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Hypertension
 Due to _____
 Due to _____

8. AGE: Years 59 Months 2 Days 17
 If less than one day _____ hr. _____ min.

9. Birthplace Benton Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
 12. Name Samuel Kinkead
 13. Birthplace Benton Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ella Slinker
 15. Birthplace Kansas
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 83a1
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ethel Gregory
 (b) Address Warsaw Mo.
 17. (a) Burial (b) Date thereof Sept 19 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kinkead Cemetery
 18. (a) Signature of funeral director White - Koser
 (b) Address Warsaw, Mo.
 19. (a) 9/19/43 (b) Mrs Anna Tinger
 (Date received local registrar) (Registrar's signature)

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 M.P. Shy (M. D. or other) _____
 Address Sedalia Mo Date signed 9-18-43

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

20
6
4

RECEIVED

District Health Officer No. 01

District File Number.....

Date Filed.....

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. 3053

P. O. Address Warsaw, 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, fact should be so stated above.