

Registration District No. 46 Primary Registration District No. 5152 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Polo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Grand Imp
(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 Missouri (b) County Caldwell

(c) City or town Polo Rural
(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 Augusta E Wall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. Wall 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug 23 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John S. Kincaid

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Christina M. Kincaid

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Chas Wall (b) Address Polo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Alexandra Cowley (b) Address Polo Mo

19. (a) Jan 4-44 (Date received local registrar) (b) Dorine Tarrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 2 1943 to Jan 1 1944 that I last saw her alive on Jan 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Adeno Carcinoma of Duodenum with Multiple Metastases

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Of operations _____

Of autopsy Adeno Carcinoma

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) (e) Means of injury _____

Signature C. H. Wilson (M. D. or other) _____

Address Polo Mo Date signed 1-3-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1300

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.