

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 59

Primary Registration District No. 4096

Registrar's No. 27

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

1. PLACE OF DEATH: Pass

(a) County Pass

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

(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)

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

In this community 60 years

2. USUAL RESIDENCE OF DECEASED: Pass

(a) State Mo (b) County Pass

(c) City or town Freeman
(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) PRIME FULL NAME Joy Tennessee Kincaid

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1944 hour 5:30 minute 9 A. M.

21. I hereby certify that I attended the deceased from Feb. 12, 1944, to Feb. 14, 1944, that I last saw h. s. r. alive on Feb. 13, 1944, and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife J. N. Amode 6. (c) Age of husband or wife if alive 93 years

7. Birth date of deceased: 5/26 (Month) 1860 (Day) (Year)

Immediate cause of death _____

Due to Cerebral Hemorrhage & arteriosclerosis

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Mark Whittier

13. Birthplace no record (City, town, or county) (State or foreign country)

14. Maiden name Nancy Cindon

15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Gressner

(b) Address Freeman no

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director W. H. Swo

(b) Address Kennettville no

19. (a) Feb. 14, 1944 (Date received local registrar) (b) Margaret Valle (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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. Paul Green (M. D. or other) P.O.

Address Kennettville, Mo. Date signed 2/14/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed: Floyd Atkinson

Licensed Embalmer No. 3970

P. O. Address: Harrisonville

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.