. S. No. 2
DM—5-42
v. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1944

Registration District No. 82

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3047 4143

State File No. 6973

Registrar's No. 28

27
0
0

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Blackwater
(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 All of life.

2. USUAL RESIDENCE OF DECEASED: 22

(a) State: Missouri (b) County: Cooper

(c) City or town: Blackwater.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME: Mrs. Lottie L. Kincheloe.

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: widowed

6. (b) Name of husband or wife: Jesse Kincheloe

6. (c) Age of husband or wife if alive: Diseased years

7. Birth date of deceased: December (Month) 24" (Day) 1873 (Year)

8. AGE: Years 70 | Months 1 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace: Cooper County, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife.

11. Industry or business: At home.

MOTHER FATHER

12. Name: Horace Eades

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

14. Maiden name: Eugenia Briscoe

15. Birthplace: Cooper County, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Margaret Willis.

(b) Address: Blackwater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 7" (Month) (Day) /44 (Year)

(c) Place: burial or cremation: Old Lamine Cemetery.

18. (a) Signature of funeral director: Goodman & Bolen

(b) Address: Boonville, Mo.

19. (a) Feb-9-44 (Date received local registrar) (b) Dr. Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1944 hour 11 minute 37 p.m.

21. I hereby certify that I attended the deceased from 1-28-44, 19..., to 2-5-44, 1944; that I last saw her alive on 2-5-44, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	8 days
Due to: Hypertension	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: J. O. Bolen (M. D. ~~or other~~)

Address: Pilot Grove Date signed: 2-8-44

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-3-44

MAR 6 19

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.