2
8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33878

Registration District No. 49

Primary Registration District No. 5174

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Camden

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Climax Springs 15 (If outside city or town limits, write "RURAL")

(d) Street No. Gen Del. 0 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Agustis Kincaid

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race wht

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Genettie

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Mar (Month) 8 (Day) 1868 (Year)

8. AGE: Years 76 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Justice of Peace

11. Industry or business + Cafe

FATHER
12. Name Charlie A Kincaid
13. Birthplace Franklin Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Right
15. Birthplace Jefferson Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C A Kincaid

(b) Address Climax Springs, Mo

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

(c) Place: burial or cremation Clark Cem.

18. (a) Signature of funeral director Bankson-Woolery

(b) Address Camdenton, Mo

19. (a) 10-10-1944 (Date received local registrar) (b) Mrs. A. R. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 28 year 1944 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov. 11 1943, 1943, to 9/20/44, 19__; that I last saw him alive on 9/20/44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Senile debility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162 b

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 2

23. Signature Dr A. C. Briggs (M.D. or other) DO

Address [illegible] Date signed 10/2 44

1000 (Licensed Embalmer's Statement on Reverse Side)

RE...
District Health Officer No. 7
District File Number 10-44-1199
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 Abbie Bankson Woolen

Licensed Embalmer No. 2488

P. O. Address Camden Ton, M

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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1021

Registration District No. 49 Primary Registration District No. 5174 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Lake Ozark Climax Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Charles A. Kincaid

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Years

7. Birth date of deceased Mar 8 1868 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Mrs. A. R. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

33878