

FILED FEB 13 1945

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural - Independence, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution none  
Route 1 Box 244  
(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) 43 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Rural - Rte #1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Independence  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS A KINCAID

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Mary B Kincaid 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 1866  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Repus M Kincaid  
 13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Ford  
 15. Birthplace St. Clair Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lola Hyde path  
 (b) Address Shrew Lane Indip Mo

17. (a) Burial (b) Date thereof 2 1 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of general director George C Cannon  
 (b) Address Independence Mo

19. (a) 1-30-1945 (b) James Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29  
 year 1945 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 10 to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
 Due to Atherosclerosis

Due to \_\_\_\_\_  
 Other conditions 740  
(Include pregnancy within 3 months of death)

Major findings: Heart not inspected  
 Of operations \_\_\_\_\_  
 Of autopsy not  
 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?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature James Ross (M. D. or other) \_\_\_\_\_  
 Address 16424 1/2 Ave Date signed 1-29-45

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

MOTHER FATHER

1163

MAR 12 1945

JUL 9 1945  
6 706

MAY 4 1945

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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 Dean Owens

Licensed Embalmer No. 7280

P. O. Address Indep., 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.**