S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43169

Registration District No. 7

Primary Registration District No. 3012

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 135 Richmond
(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:
(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 135 Richmond
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Arthur 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 Married
6. (b) Name of husband or wife Rhoda Leabo
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 19 (Day) 1872 (Year)
8. AGE: Years 72 Months 6 Days 18 If less than one day hr. min.
9. Birthplace Knoxville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Hotel Houseman
11. Industry or business
FATHER
12. Name James Alvis Kincaid
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Harber
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rhoda Kincaid
(b) Address Excelsior Springs, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri
19. (a) 4-9-45 (Date received local registrar) Mrs. Sudie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1945 hour 2 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Feby 2, 1945 to April 6, 1945 that I last saw him alive on April 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis — Duration 7 Years
Due to Arterial Sclerosis
Due to —
Other conditions — 94w
(Include pregnancy within 3 months of death)

Major findings:
Of operations — None made
Of autopsy — None made

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 John L. Grace M.D. (M. D. or other)
Address Excelsior Springs Mo. Date signed 4-7-45

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 2/2/45

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Ex. Spg. 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.