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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15929

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2280

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)

In this community: 12 Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 2720 East 27th, Street
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: James Allen KINCAID.

3. (b) If veteran, name war: No

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: Ethel Kincaid

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

7. Birth date of deceased: April (Month) 30th, (Day) 1883 (Year)

8. AGE: Years: 62 | Months: 0 | Days: 26 | If less than one day: hr. min.

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

10. Usual occupation: City Street Repair.

11. Industry or business:

FATHER
12. Name: Alfred C. Kincaid.
13. Birthplace: Knoxville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Rebecca Huff
15. Birthplace: New Port (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Mrs. Lillian Townsend
(b) Address: 3832 Cleveland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Knoxville Missouri.

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood Blvd.

19. (a) 5-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 26th year: 1945 hour: 1:00 minute: P. M.

21. I hereby certify that I attended the deceased from May 12, 1945 to May 26 1945; that I last saw him alive on May 26 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive cardiovascular renal disease	
Due to: mostly high grade nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: As above	

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

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

23. Signature: Maurice L. Jones (M.D. coroner)

Address: St. Luke's Hospital Date signed: 5-26-45

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Peck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.