S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17201

FILED JUN 11 1945

Registration District No. 1557

Primary Registration District No. 3028

Registrar's No. 106

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 14 days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 mile north west Jasper Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James 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: Maude Kincaid
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: June (Month) 27 (Day) 1880 (Year)
8. AGE: Years 64 Months 10 Days 26 If less than one day hr. min.
9. Birthplace: Fintry (City, town, or county) Scotland (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: James M. Kincaid
13. Birthplace: Fintry (City, town, or county) Scotland (State or foreign country)
MOTHER
14. Maiden name: Agnes Campbell
15. Birthplace: Fintry (City, town, or county) Scotland (State or foreign country)
16. (a) Informant: Maude Kincaid
(b) Address: Jasper, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Waters Cemetery
18. (a) Signature of funeral director: Chas. J. Teeter
(b) Address: Jasper, Mo.
19. (a) May 25 '45 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd. year 1945 hour One minute 30 P.M.
21. I hereby certify that I attended the deceased from April 1945 to May 23 1945 that I last saw him alive on May 23 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of spine - metastatic	3-4 mo
Due to: Origin not known	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 55 N	
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: W. Russell Smith M.D. (M. D. or other)
Address: Carthage Mo. Date signed: 5-26-45

1203

(Licensed Embalmer's Statement on Reverse Side)

45-5-468

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.....

Licensed Embalmer No. 391

P. O. Address.....

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.