No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 24 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20325

Primary Registration District No. 3052

Registrar's No. 173

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1322 East 4th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 East 4th 4
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George T. Kincade
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alvina A. Kincade
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased January 25, 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Boone County, Missouri 6
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Laborer

FATHER
12. Name unknown 9
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown unknown 9
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alvina Kincade (widow)
(b) Address 1323 East 4th, Sedalia, Mo.
17. (a) Burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director [signature]
(b) Address Sedalia, Missouri
19. (a) June 14, 1948 (b) Betty Yeager Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1948 hour 12:30 minute A. M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner
6-12-48 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 myocarditis | 2 yr |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 9 30 | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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 2
23. Signature Dr. H. L. Holden (~~M.D.~~ or other) D.O.
Address 315 Flg. Bldg. - Sedalia, Mo. Date signed 6-14-48
coroner

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 30 1948

**RECEIVED**
**District Health Officer No. 8,**

**District File Number** _____

**Date Filed** 6-23-48

APR 8 1950

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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 Warren K. Dietz, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. A 8447

P. O. Address Seattle Wn

**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.**