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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 4 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36666**
Registrar's No. **4707**

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
607 Cottage Lane. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 years
years, months or days

3. (a) PRINT FULL NAME BONDSANKINCHELOE
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race NEURO 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 13 - 9 - 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Shannondale MO.
(City, town, or county), (State or foreign country).

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Kincheloe
13. Birthplace Shannondale MO.
(City, town, or county), (State or foreign country)
14. Maiden name Mary Patton
15. Birthplace Unknown
(City, town, or county), (State or foreign country)

16. (a) Informant Mary Kincheloe
(b) Address 607 Cottage Lane

17. (a) Anatomical (b) Date thereof 11-18-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation K.C. Osteopathic School

18. (a) Signature of funeral director Brady - Brown
(b) Address 1708 1/2 Rock Ave.

19. (a) 11-18-48 (b) Stearldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 607 Cottage Lane
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1948 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Hypertensive Heart Disease
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy No - Permit

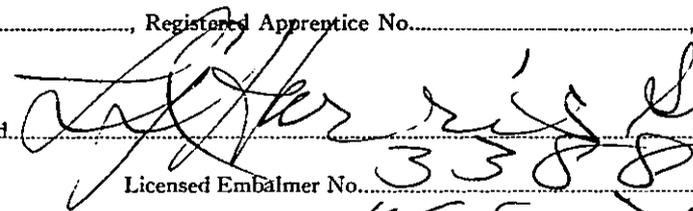
22. If death was due to external causes, fill in the following: -
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
J. R. Williams
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Stearldine Holmes (M. D. or other) _____
Address 2636 - Brookline Date signed _____

11-17-48

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. 3388.....
P. O. Address. K.E. 24.....

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.