

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37162

Registration District No. 159

Primary Registration District No. 5591

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Hillsboro, R.F.D #2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town De Soto
(If outside city or town limits, write "RURAL")

(d) Street No. 509 Boyd, st.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Catherine Kincaid

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Jan 29 1948 Nov 19 1948

that I last saw him alive on Nov 19 1948
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife James William

6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Feb. 12 1863
(Month) (Day) (Year)

Immediate cause of death
Coronary occlusion 1 day

Due to myocarditis yrs
arteriosclerosis yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

85 9 7 hr. min.

9. Birthplace Portsmouth Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business At Home

12. Name Wesley Hawkins

13. Birthplace Not Known Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sidney Stevens

15. Birthplace Not Known N.K.
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Kincaid

(b) Address Hillsboro Mo. R.F.D #2

17. (a) Burial (b) Date thereof 11-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View, cemetery

18. (a) Signature of funeral director J. Lee Motherhead

(b) Address De Soto, Mo.

19. (a) 11-23-48 (b) J. P. Pluzger
(Date received local Registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 938

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 J. P. Pluzger Date signed 11/24/48
Address De Soto, Mo.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-6-48

DEC 7 1948

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.....

Andrew H. England Registered Apprentice No. 232
working under my personal supervision.

Signed J. E. Motherhead

Licensed Embalmer No. 3531

P. O. Address Edisto md

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.