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

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9627

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Knoxville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Knoxville</u>	
c. LENGTH OF STAY (in this place) <u>72 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile East Highway 13</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile East Highway 13</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>John</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Kincaid</u>	(Month) (Day) (Year) <u>March 26, 1949</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 19, 1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew J. Kincaid</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Renfro</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Bell Kincaid</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Cora Kincaid, Rayville, FFD 1.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>60974X</u> <u>3-28-49</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Knoxville Ray Mo</u>
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21d. TIME OF INJURY <u>March 26, 1949 3:20 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hanging by Rope, on tree</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Robert Corner</u>	23b. ADDRESS <u>Richmond Mo</u>	23c. DATE SIGNED <u>3-28-49</u>
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24a. BURIAL OR CREMATION (Specify) <u>Burial</u>	24b. DATE <u>Mch. 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 28, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond Groves</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Quest-Lile Funeral Home Richmond</u>
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RECEIVED

District Health Officer No. 2,

District File Number _____

Date Filed 4-12-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4066

P. O. Address Belmont, N.J.

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.