

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2061

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 13

0820

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>R# 2 Louisiana, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R# 2 Louisiana, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Ince</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan. 24, 1950</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>Oct. 17, 1899</u>	9. AGE (in years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	IF UNDER 24 HRS. 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>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Pike County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John W. Ince</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Bolomey</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Ince</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Ince</u>	ADDRESS <u>R#2 Louisiana</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 days, on 8 days,</u>  <u>1998</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung &amp; Stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Kidney Stones</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug, 1949, to Jan, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 4:00A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. P. Hansen</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Fraughtland Mo</u>	23c. DATE SIGNED <u>Jan. 25, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pike County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 26, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>George O. Wagner</u>	ADDRESS <u>Louisiana, Mo.</u>
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FEB 24 1950

RECEIVED FEB 6 1950  
District Health Officer No.  
District File Number 2-50-  
Date Filed FEB 6 1950

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, ~~XXXX~~.....

~~XXXXXXXXXXXXXXXXXXXX~~

working ~~under my personal supervision.~~

Student .....  
Student Embalmer

Signed.....

*George O. Hagne*

Licensed Embalmer No. 3773

P. O. Address Louisiana Missouri

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.