

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31681

State File No. 3970

FILED SEP 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>54 years</u>		d. STREET ADDRESS (If rural, give location) <u>1212 Harrison Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1212 Harrison Street</u>		e. STREET ADDRESS (If rural, give location) <u>1212 Harrison Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u> b. (Middle) <u>Snyder</u> c. (Last) <u>Ince</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5, 1952</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>June 22, 1872</u>		9. AGE (In years last birthday) <u>80</u>		10. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Art Glass Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plate Glass Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Woodward, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas N. Ince</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA GREEN</u>	
13c. NAME OF HUSBAND OR WIFE <u>Eva L. Ince</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		15. SOCIAL SECURITY NO. <u>None</u>	

14. INFORMANT'S SIGNATURE OR NAME <u>R. C. Mc</u>		15. ADDRESS <u>1212 Harrison Street</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Nephrosclerosis</u>		<u>6 weeks</u>	
DUE TO (c) <u>Generalized Arteriosclerosis</u>				<u>15-20 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				<u>446X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-1 <sup>1950</sup>, to 9-5, 1952, that I last saw the deceased alive on 9-5, 1952, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. Hart</u>		(Degree or title) _____		23b. ADDRESS <u>6305 Brookside Plaza K.C. Mo</u>	
23c. DATE SIGNED <u>9-6-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-8-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Rose, Mo</u>		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <u>9-8-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Sons</u>	
				ADDRESS <u>Kansas City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

