

THE DIVISION OF HEALTH OF THE STATE OF KENTUCKY
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 13 195

1013

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 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>Kentucky</u> b. COUNTY _____	
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>Mayking</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 1/2 Main</u>		d. STREET ADDRESS (If rural, give location) <u>Cram Creek Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marlin</u> b. (Middle) _____ c. (Last) <u>Kincer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-53</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>Approx. 4-1-18</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>42</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, circumstances) (If yes, give war or dates of service) <u>Don't know at present</u>		16. SOCIAL SECURITY NO. <u>723-18-3877</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jackson County Coroner</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			7955
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No Relatives</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the cause and on the date stated above.

23a. SIGNATURE <u>H. Owens</u> (Degree or title)		23b. ADDRESS <u>1034 Rialto Bldg</u>		23c. DATE SIGNED <u>2-14-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whiteburg, Kansas</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>2-17-53</u>		REGISTRAR'S SIGNATURE <u>Skullie Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Tigerman & Sons, K. C. Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

P. O. Address.....

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.