

FILED OCT 27 1941

Registration District No. 508

Primary Registration District No. 3086

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
749 Graves Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 74 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 749 Graves Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1  
year 1941 hour 3 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from  
August 1941 to October 1 1941;  
that I last saw him alive on Sept 28 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of prostate with metastasis to lungs -  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature V. D. Vandewer (M. D. or other) D  
Address Chillicothe Date signed 10-2-41

3. (a) PRINT FULL NAME George W. Kincaid

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ocey Clarinda Kincaid 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 11 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Livingston County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Francis M. Kincaid

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Long

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. W. Kincaid

(b) Address 749 Graves; Chillicothe, Mo.

17. (a) Burial (b) Date thereof 10-3-'41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) October 2 (b) LOUELLA CURRY  
(Date received local registrar) (Registrar's signature)

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

59  
1  
2

**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.....

Elton F. Norman & E. R. Norman (2374) , Registered Apprentice No.....  
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Mo......

**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.**