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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41216

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4609

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2914 E-18 St (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2914 E-18 St (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Noah Vincent

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Vincent

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan (Month) 1 (Day) 1870 (Year)

8. AGE: Years 70 78 Months 11 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Retired Hog Salesman

11. Industry or business K.C. Stock yds. 1

MOTHER FATHER

12. Name George Vincent 1

13. Birthplace ..... (City, town, or county) Ohio (State or foreign country) 1

14. Maiden name Adelaide Jones

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

16. (a) Informant Mary Vincent

(b) Address 2914 E-18 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C L Forster

(b) Address 918 Brooklyn

19. (a) 12-3-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1940 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Nov 20, 1940, to Dec 1, 1940 that I last saw him alive on Nov 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Death in volvement

Coronary Thrombosis

Due to Unknown

Due to

Other conditions Congestion passive (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration

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) no

(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? — (e) Means of injury 1

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed Dec 2-1940

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.