

FILED SEP 2 1948

State File No. _____

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 72

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
215 So. Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community All Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Olive Oatman Kinkead
3. (b) If veteran, name war No
3. (c) Social Security No. Nonee

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Jodie Kinkead 6. (c) Age of husband or wife if alive, Deceased years
7. Birth date of deceased October 31, 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Lee Winfrey

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

14. Maiden name Nancy Jane Trotter

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

16. (a) Informant Mrs. Mary Crouch

(b) Address 215 So. Virginia

17. (a) Burial (b) Date thereof 8/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Marshall Funeral Ho
(b) Address Carrollton, Missouri

19. (a) 8/15/48 (b) Orlando Herbert Colson
(Date received, local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 16
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 215 So. Virginia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1948 hour 7 minute 30A M.

21. I hereby certify that I attended the deceased from June
27th 1945 to Aug. 14 1948,
that I last saw her alive on Aug. 14 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death: Pernicious Anemia Duration 3 yrs.

Due to X X X X

Due to X X X

Other conditions None
(Include present within 3 months of death)

Major findings: R.F. Cook M.D.
Of operations: None

Of autopsy: No

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 No accident or injury

(c) Where did injury occur? X X X X

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Aired at Reservoir, public place.
While at work? No (Specify type of place) (e) Means of injury None

23. Signature R.F. Cook M.D. (M. D. or other) 8/15/48
Address Carrollton, Mo. Date signed 8/15/48

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 9-1-48

FEB 13 1957

JAN 29 1957

APR 25 1957

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.....

.....
working under my personal supervision.

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

Signed..... *W. Marshall*.....

..... Licensed Embalmer No. 7469.....

..... P. O. Address..... Carrollton.....

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

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