AUG - 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2
0

24744
Do not use this space.

1. PLACE OF DEATH
(a) County Butler Registration District No. 89
(b) Township Primary Registration District No. 5131 Registered No. 209
(c) City Poplar Bluff Mo (d) Street No. R.F.D. Box 147 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 535 George Fountain
(a) Residence, No. Same St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie E. Fountain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1872

7. AGE: YEARS 68 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) about May 15-40
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Mo. 0

FATHER
13. NAME Harve Fountain 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 9

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Winnie E. Fountain Poplar Bluff Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE July 3, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Undertaking Co Poplar Bluff Mo.

20. FILED 7/4, 1940 Clutsinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-3-, 1940 to 7-1, 1940
I last saw him alive on 6-29, 1940 Death is said to have occurred on the date stated above, at 550 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Lead Poisons

77 W

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) H. S. Clay M. D.
89 (Address) Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff Mo

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

If this body is not embalmed, above space should be left blank.