

Registration District No. **328** Primary Registration District No. **3017** Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Gentry
 (b) City or town Fountain
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1429 Mable St Fountain Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Evelyn Fouts
 8. (b) If veteran, name war _____ 8. (c) Social Security No. None
 4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Dr Fouts 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased May 28 1877
 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Elmer Scott Mills

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

14. Maiden name Hannah Starrett
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Dr Fouts
 (b) Address 1429 Mable St

17. (a) Burial (b) Date thereof 12-13-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation odd fellow cemetery

18. (a) Signature of funeral director Charles H. Spae
 (b) Address 1016 Main Fountain Mo

19. (a) 12-13-40 (b) J. H. D. Law
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gentry
 (c) City or town Fountain
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1429 Mable
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 10
 year 1940 hour 11:45 minute _____ M.
 21. I hereby certify that I attended the deceased from 1st
 1940, to Dec 10th 1940
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Due to _____
 Due to _____

Other conditions g3c
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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?
300 (Specify type of place) _____

23. Signature Oliver F. Duff (M. D. or other) 2/10
 Address Lebanon Mo Date signed Dec 13 1940

Duration 7.3
about 6
months
 PHYSICIAN
 Underline the cause to which death should be charged statistically

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.

MAY 26 1943

MAY 3 1943

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.....

Charles G. Spina

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

working under my personal supervision.

Signed.....

Charles G. Spina

Licensed Embalmer No. *3109*

P. O. Address *Frederick Md*

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, above space should be left blank.