

FILED MAY 16 1941 MISSOURI

Registration District No. 399 Primary Registration District No. 100

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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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
In this community 18 Years
(Specify whether 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. 6204 Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY C. FOUNTAIN
3. (b) If veteran, name war No
3. (c) Social Security No. 492-18-0452

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12th
year 1941 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from 3-25-41 19 to 4-12-41 19
that I last saw him im alive on 4-12-41 19
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mrs. Martha Mae Fountain
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 7 1871
(Month) (Day) (Year)

Immediate cause of death Adenocarcinoma of stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations See above
Of autopsy _____

8. AGE: Years 69 Months 5 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Night Clerk

11. Industry or business Berkeley Hotel

12. Name John W. Fountain

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

14. Maiden name Hannah Tucker

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

16. (a) Informant Mrs. Paul Mainard

(b) Address 6204 Prospect Avenue

17. (a) Burial (b) Date thereof Apr. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 14, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dwight R. Shaw (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kemo

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.