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7-39
X32873

State File No. _____

FILED JUL 19 1943

Registration District No. 9

Primary Registration District No. 50301

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: _____
(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. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew Co.

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Richie Fountain

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 10 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Len Fountain

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

7. Birth date of deceased May 30 1880
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 0 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Coroner's verdict found that the deceased came to his death by drowning in a well about 3/4 of a mile north of his home in Andrew County Ky. Buried Corone

Due to _____

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

9. Birthplace Boone Co., Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name John M Fountain

13. Birthplace Randolph Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Blackton

15. Birthplace Randolph Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J T Fountain

(b) Address Centralia Mo

17. (a) David (b) Date thereof 6/13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo Cem

18. (a) Signature of funeral director M J McEneaney

(b) Address Centralia Mo

19. (a) 6/11-1943 (b) Mrs Archie Playter
(Date received legal registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 6/11/43

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? In a well about 3/4 mi north of his home on a farm (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Ey. Burton, Corone (M. D. or other) _____
Mexico, Mo Address _____ Date signed 6/11/43

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

1079

OCT 14 1948

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.....

Wm. M. Brown

Licensed Embalmer No. *4312*

P. O. Address.....

Centralia Mo

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.