V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

40442

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41299

Registration District No. FILED DEC 30 1946 Primary Registration District No. 5739 Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: Enroute Santa Fe passenger train
(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 Ill (b) County 997

(c) City or town Chicago 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Christine Fountain

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Eugene Fountain

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

7. Birth date of deceased don't know (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	36			hr. min.

9. Birthplace don't know 9
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name don't know 9
13. Birthplace — — 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Hamilton 1

(b) Address 5943 Calumet Ave. Chicago

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill

18. (a) Signature of funeral director H. G. Edwards

(b) Address Bevier Mo

19. (a) 12-19-46 (Date received local registrar) (b) Mrs O. B. Hoffer (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 11
year 1946 hour 1 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocarditis

Due to Had been in arizona since July 1 1946 for her health

Due to was on road home to Chicago

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93P

Duration

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) Heart attack

(b) Date of occurrence 12-11-46

(c) Where did injury occur? La plata Macon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Santa Fe pass. train
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature H. G. Edwards Coroner (M. D. or other)

Address Bevier Mo Date signed 12/11/46

186

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1947

RECEIVED
District Health Office No. 10
District File Number 12-46-2338
Date Filed DEC 28 1946

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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.