

FILED DEC 9 1947 **56**
Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution: **2308 Wall**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 years** (Specify whether years, months or days)

In this community **25 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **2308 Wall** **5**
(If rural, give location) **0**

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Earle C. Fontaine**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M.** 5. Color or race _____

6. (a) Single, widowed, married **N.** divorced **M.**

6. (b) Name of husband or wife **Myrtle**

6. (c) Age of husband or wife if alive **February 13, 1897** years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	8	17	

hr. _____ min.

9. Birthplace **St. Paul, Minnesota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cost Accountant**

11. Industry or business **Junge Baking Company**

12. Name **norecord**

13. Birthplace **" "** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **" "**

15. Birthplace **" "** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle Fontaine**

(b) Address **2308 Wall, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **11-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **Joplin, Missouri**

19. (a) **11-7-47** (b) **Earle C. Fontaine**
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **30**
year **1947** hour **11:00** a.m. **M.**

21. I hereby certify that I attended the deceased from _____ 19____;
Did not attend
that I last saw **alive** on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cocaine**

Due to **occlusion**

Due to _____

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

Major findings: _____

Of operations **94A**

Of autopsy _____

Under the cause of 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? **2**

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature **W. H. Stewart** (M. D. or other) **10**

Address **2114 Joplin** Date signed **10/31/47**

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

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Poplar Ave

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.