No. 300
10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

Registration District No. 2014

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6008

State File No. 37716

Registrar's No. 287

1. PLACE OF DEATH:

(a) County: Randolph

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

(c) Name of hospital or institution: RFD #2 Clark / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

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

(d) Street No.: RFD #2 Clark (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: URITH ANN FOUNTAIN

3. (b) If veteran, name war: None

3. (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: Otis Fountain

6. (c) Age of husband or wife if alive: 77 years

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

8. AGE: Years 73 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: William Bradley

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

MOTHER 14. Maiden name: Mary Ann Lewis

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

16. (a) Informant: Otis Fountain

(b) Address: RFD #2 Clark Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Chapel Grove Cemetery

18. (a) Signature of funeral director: Snow Funeral Home

(b) Address: Moberly Missouri

19. (a) 11/15/48 (Date received local registrar) (b) Leah Williams Bare (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1948 hour Nine minute a M.

21. I hereby certify that I attended the deceased from October 20, 1947, to Nov. 13, 1948, that I last saw her alive on Nov. 13, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to: Senility	
Due to: Chronic arthritis	
Other conditions (Include pregnancy within 3 months of death): Metastatic Carcinoma	

Major findings:
Of operations:
Of autopsy:

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury:

23. Signature: Lambert H. Pearson (M. D. or other)

Address: Safford Bldg Moberly Date signed 11/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-68-1984
NOV 22 1948
Date Filed

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Missouri

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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 214 Primary Registration District No. 6008 Registrar's No. 287

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town 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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ursula A. Fountain
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept-28-1875 (Month) (Day) (Year)
8. AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 3 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Oct. 20 1948 to Nov. 13 1948; that I last saw he alive on Nov. 13 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Chronic arthritis	
Due to Senility	
Other conditions Metastic Carcinoma (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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

23. Signature Lambert Pearson (M. D. or other) Dec
Address Fulton Mo Date signed 12/4/48

SUPPLEMENTARY 3

5-37716