S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 17 1948
Registration District No. 1392

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 39889
Registrar's No. 177

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PLAZA HOTEL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 yrs —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Grundy 40
(c) City or town TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. PLAZA HOTEL 8th & MAIN
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM C. FOUNTAIN
3. (b) If veteran, name war —
3. (c) Social Security No. 495-07-2675
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec (Month) 4 (Day) 1883 (Year)

8. AGE: Years 65 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Eldorado (City, town, or county) Kansas (State or foreign country)
10. Usual occupation TELEGRAPH OPERATOR
11. Industry or business WESTERN UNION
FATHER
12. Name WILLIAM H. FOUNTAIN
13. Birthplace [illegible] (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Rose Hayman
15. Birthplace [illegible] (City, town, or county) Ohio (State or foreign country)
16. (a) Informant R. G. Fountain
(b) Address 529 SW 47 St Okla City Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Eldorado Kansas
18. (a) Signature of funeral director Rayne A Davis
(b) Address Trenton MO
19. (a) 12-7-48 (Date received local registrar) (b) Frank Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1948 hour 9:00 minute P M.
21. I hereby certify that I attended the deceased from July 1948, to Dec 4 1948, that I last saw him alive on Dec 4 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION	
Due to GENERALIZED ARTERIOSCLEROSIS	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. L. Clark (M. D. or other) M.D.
Address Trenton MO Date signed 12-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE IMPERMANENT RECORD

DEC 17 1948

APR 7 1949

APR 11 1949

DEC 17 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 Robin L. Richardson, Registered Apprentice No. 271, working under my personal supervision.

Signed Payne A. Davis

Licensed Embalmer No. 3424

P. O. Address Dunton 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.