

FILLED NOV 19 1941  
**304**

Registration District No. **304**

Primary Registration District No. **7427**

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

1. PLACE OF DEATH:  
(a) County **Gentry**  
(b) City or town **Rural Athens Twp.**  
(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 **all his life**  
In this community **all his life**  
years, months or days

3. (a) PRINT FULL NAME **James Dale Fountain**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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 **Sept. 28 1919**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>22</b>	<b>-</b>	<b>24</b>	hr. min.

9. Birthplace **Darlington, Mo. D**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Orville Fountain**

13. Birthplace **Ellenorah Mo. D**  
(City, town, or county) (State or foreign country)

14. Maiden name **Estel McMonkey McMichael**

15. Birthplace **Denver Mo. D**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Orville Fountain**

(b) Address **Evona Mo.**

17. (a) **Burial** (b) Date thereof **10/24/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Henton Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **[Address]**

19. (a) **Oct. 29. 41** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **22**  
year **1941** hour **4** minute **15** P. M.

21. I hereby certify that I attended the deceased from **viewed body after death**  
that I last saw him alive on **Oct. 22, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Sunshot wound (22 rifle) penetrating brain in frontal area thru right orbital foramen**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **164C**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Suicide**  
(b) Date of occurrence **Oct 22, 1941**  
(c) Where did injury occur? **Evona, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**

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

23. Signature **Dr. Jack G. Barnes** (M.D. or other)  
Address **Gentry, Mo.** Date signed **10/27/41**

**281** (Licensed Embalmer's Statement on Reverse Side)

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clifford Bunker

Licensed Embalmer No. 3329

P. O. Address Albany 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.**