S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21842

State File No.

Registration District No. 604 Primary Registration District No. 4358 Registrar's No. 45

72
4
0

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

1. PLACE OF DEATH:

(a) County New Madrid.
(b) City or town New Madrid.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community All of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72
(c) City or town New Madrid. 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ferrell Clifford Fontaine

3. (b) If veteran, name war ✓ 3. (c) Social Security No. —

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Maguritte Fontaine 6. (c) Age of husband or wife if alive about 72 years

7. Birth date of deceased Dec — 1 — 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	6	10	hr. min.

9. Birthplace New Madrid, Co. Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business ✓

FATHER
12. Name T. I. Fontaine
13. Birthplace St. Louis Mo. O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Hall
15. Birthplace Unk. Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lennie Fontaine
(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof May 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richards and Co
(b) Address New Madrid Mo.

19. (a) May 14, 1942 (b) Alice Spitler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1942 hour 7:00 minute — a.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 No Medical Attendant by All Record.
Due to Acute Myocarditis.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

93 e

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? 2
(Specify type of place)
While at work? (e) Means of injury

23. Signature Leo Hedgepeth Deputy Coroner
Address New Madrid Mo Date signed 5/12-42

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642-283
Date Filed JUN 18 1942

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 Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.