

No. 2  
5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 54

FILED AUG 26 1943

Registration District No. 140 Primary Registration District No. 5542

15  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Howard  
(b) City or town Fayette "Rural" Richard 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 \_\_\_\_\_ (Specify whether years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howard  
(c) City or town Fayette "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? Had first papers only. (Yes or No)  
If yes, name country England

3. (a) PRINT FULL NAME Charles Mounter,

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 Married

6. (b) Name of husband or wife Mamie Mounter, 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 13th 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days I If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace England, (City, town, or county) (State or foreign country) 4

10. Usual occupation Farmer,

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

12. Name Adolphus Mounter,

13. Birthplace England, (City, town, or county) (State or foreign country) 4

14. Maiden name Mary ann Besgrove,

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

16. (a) Informant Clyde Mounter, (b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 8-16th 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge,

18. (a) Signature of funeral director Guy T. Halley. (b) Address Fayette, Mo.

19. (a) 8-19-1943 (b) Ernest McWilliam  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14  
year 1943 hour 4 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 27 1943 to 8-14 1943  
that I last saw him alive on 8-13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Pyonephrosis

Due to \_\_\_\_\_

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

Major findings: Of operations Appendicitis -

Of autopsy none

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? \_\_\_\_\_

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

23. Signature D. L. Coffey (M. D. or other) M.D.  
Address Fayette, Mo. Date signed 8-17-43

Duration
<u>2 weeks</u>
<u>3 months</u>
PHYSICIAN
Underline the cause to which death should be charged statistically.

28  
6/43

AUG 26 1943

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

Signed.....

*Guy T. Nalley*

Licensed Embalmer No. *2966*

P. O. Address *Fayette 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.**