

FILED SEP 9 1944

Registration District No. 113

Primary Registration District No. 4180

Registrar's No. _____

36
330
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town St. Clair Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Died at Home
(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) 6 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town St. Clair
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country United States

3. (a) PRINT FULL NAME JAMES ALFRED FOUNTAIN

3. (b) If veteran, name war Spanish American

3. (c) Social Security none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. J. Fountain 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased april 7 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	4	13	hr. min.
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9. Birthplace Anderson Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business General Store

12. Name George Washington Fountain

13. Birthplace Anderson Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Maria Jane Penmeter

15. Birthplace Anderson Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. G. Fountain

(b) Address St. Clair Mo.

17. (a) Burial (b) Date thereof Aug 22 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Sherrwood Kitchel

(b) Address St. Clair Mo.

19. (a) 8/21/1944 (b) P. J. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1944 hour 17:00 minute A M.

21. I hereby certify that I attended the deceased from August 21st 1944 to Aug 20th 1944.
that I last saw him alive on Aug 19th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Endomyocarditis

Due to _____

Due to _____

Other conditions arteriosclerosis - yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN 9321

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. F. Bricelet, M.D. (M. D. or other) _____
Address St. Clair Mo. Date signed Aug 21/44

1120

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 9-8-44

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 Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address. St. Clair, 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.