

FILED DEC 11 1946

Registration District No. _____

Primary Registration District No. **3056**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
218 Katter St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Robert L. 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 **Married**

6. (b) Name of husband or wife **Bessie** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Dec 28th 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 2 hr. min.

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

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **John Fountain**

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

14. Maiden name **Hannah Tucker**

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

16. (a) Informant **Mrs R. L. Fountain**

(b) Address **Moberly Mo**

17. (a) **Burial** (b) Date thereof **Dec 2nd 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pisgah**

18. (a) Signature of funeral director **Mahon and Sew**

(b) Address **Moberly Mo**

19. (a) **Dec 2-46** (b) **Leah Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **218 Katter St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **30th**
year **1946** hour **11** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Nov 1 46**
4 to **Nov 30 46**
that I last saw him alive on **Nov 30 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Duration **1 3/4**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **93D**
Of operations _____

Of autopsy _____

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? _____

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

23. Signature **H. L. Gumpert** (M. D. or other) _____

Address **Moberly** Date signed **12-2-46**

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

MOTHER FATHER

264

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-46-2257
Date Filed DEC 10 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank D. D'Witt
Licensed Embalmer No. 3021
P. O. Address Moberly, 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.