

S. No. 2
M-8-43
v. 5-17-39
X37823

12068

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 2 1947

Registration District No. 325

Primary Registration District No. 6095

Registrar's No. 81

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Rural Downing
(If outside city or town limits, write "RURAL" and name of township)
(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 25 years or more
(Specify whether _____)
In this community 25 years or more
years, months or days

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

3. (a) PRINT FULL NAME Andrew George Fountain
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 25
year 1947 hour 6 minute 15 M.
21. I hereby certify that I attended the deceased from Feb 27
1947 to Mar 25 1947
that I last saw him alive on Mar 20 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 1864
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to arteriosclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 94A

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Hamber Co Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Archibald Homer Fountain
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth George
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clark Fountain
(b) Address Downing Mo
17. (a) Burial (b) Date thereof March 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cemetary

18. (a) Signature of funeral director Edw. name
(b) Address Downing Mo
19. (a) Mar 29 1947 (b) Ans. H. J. Drake
(Data received local registrar) (Registrar's signature)

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)
(c) Means of injury 2

23. Signature [Signature] (M. D. or other) _____
Address Downing Mo Date signed Mar 29 1947

353 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 4-47-612
Date Filed APR - 1 1947

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 Lloyd Moore
Licensed Embalmer No. 3157
P. O. Address Dorning 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.