

JUN 11 1943

Registration District No. 181

Primary Registration District No. 5678

1. PLACE OF DEATH

(a) County Lincoln
(b) City or town Galina Rural
(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 _____
In this community This Community
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln
(c) City or town Galina Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) Rural
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rebecca A. Wooton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife husband Jacob Wooton 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 20 - 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Lincoln Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Ned Utzgrove
13. Birthplace Lincoln Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Greta Duffson
15. Birthplace Lincoln Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Wooton
(b) Address Galina Mo.

17. (a) _____ (b) Date thereof April 9 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dar Grove

18. (a) Signature of funeral director W. B. Williams
(b) Address Galina Mo.

19. (a) May 8, 1943 (b) W. B. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from December 4 - 1942 to April 7 - 1943
that I last saw her alive on March 20 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy No

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 O. H. Daneron (M. D. or other) _____
Address Galina Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

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

Signed W. R. Howard

Licensed Embalmer No. 2251

P. O. Address Siloam, 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.