S. No. 2
M—2-43
5-17-39
I X35697

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

Dr A. M. Gregg

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31905

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 522

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since Aug 17 (Specify whether In this community years, months or days) 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL") 049

(d) Street No. 2105 Sergeant (If rural, give location) 2 5

(e) Citizen of foreign country? (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME David Wooten

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 6 (Day) 1865 (Year)

8. AGE: Years 77 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Building contractor

11. Industry or business

FATHER
12. Name Joe Wooten
13. Birthplace no record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Swan
15. Birthplace no (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lela O Bryant

(b) Address Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Thornhill & Dillon

(b) Address 4th & Wall St Joplin

19. (a) 9-16-43 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from August 16 1943 to Sept 13 1943 that I last saw him alive on Sept 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Wilmia	2 Mo
Due to Prostate Hypertrophy	3 Mo
Due to Senility	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations 137a
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: No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Joplin Mo Date signed 9/16/43

1 2 cc (Licensed Embalmer's Statement on Reverse Side)

43-9-797

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.