

Registration District No. 15

Primary Registration District No. 3004

**1. PLACE OF DEATH:**

(a) County Barton  
(b) City or town Lamar  
(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 \_\_\_\_\_ (Specify whether  
In this community 26 years years, months or days)

**3. (a) PRINT FULL NAME** ESSIE LODINE WOOTTON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Tom Wootton 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased February 20 1904  
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 14 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Steam Port, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name John F. Burden  
13. Birthplace Butler, Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Ivy Daugherty  
15. Birthplace Beechgrove, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Wootton  
(b) Address Lamar, Missouri  
17. (a) Burial (b) Date thereof July 7 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME  
(b) Address Lamar, Missouri

19. (a) JUL 7 - 1947 (b) Marie Konantz  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 4  
year 1947 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 5, 1947, to July 3, 1947  
that I last saw h. or alive on July 3, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung Duration 6 mo.  
Due to Probably metastasis of Carcinoma of Cervix 11 mo.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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 John T. Pichel (M. D. or other) M.D.  
Address Lamar, Mo. Date signed July 7, 1947

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

RECEIVED  
District Health Officer No. 8,  
District File Number 747-746  
Date Filed JUN 21 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Carl H. Conarty*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.