

FILED JUL 24 1947

Registration District No. _____

Primary Registration District No. 4176

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
209 N. Beckwith St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community Three Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Malden, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 209 N. Beckwith St. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Monroe Wooten

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Wooten 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 22 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 23 hr. min.

9. Birthplace Rector Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Above

12. Name John Wooten

13. Birthplace Unknown Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Wahala Young

15. Birthplace Unknown Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. G. Cooper

(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 7-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Mo.

19. (a) 7/15/47 (b) J. G. Schuman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1947 hour 4: minute 05 A.M.

21. I hereby certify that I attended the deceased from April 26 1947 to July 5 1947
that I last saw him alive on July 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema Duration 16 hrs

Due to Carcinoma, stomach 2 yrs.

Due to Hypertensive Arteriosclerotic Heart Disease 5 yrs.

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 0

23. Signature Charles Williams (M. D. or other) M. D.
Address Malden, Missouri Date signed 7/15/47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 247-1001

Date Filed 2-22-47

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 J. W. Lehmann

Licensed Embalmer No. 4086

P. O. Address Malden

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.