

FILED DEC 4 1947

Registration District No. 27

Primary Registration District No. 3003

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 mo
In this community 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7
(c) City or town Butler 1
(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 _____ 0

3. (a) PRINT FULL NAME Kennetta Ann. Wooden

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

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced _____ 0

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

7. Birth date of deceased Aug 13 1947
(Month) (Day) (Year)

8. AGE: Years 4 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Kenneth W Wooden

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

14. Maiden name Lillis Biles

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

16. (a) Informant Kenneth W. Wooden

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Oct 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

Nov 27 1947 (Date received local registration) Kenneth Wooden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1947 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 1st, 1947, to 10-23, 1947; that I last saw her alive on 10-23, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Patent foramen ovale

Due to congenital anomaly

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 157 E

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 R. P. Hanson (M. D. or other) Mo
Address Appleton City Mo Date signed 10-25-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Date Filed 12-3-47
12-3-47
66-47-1399
Ombuds No. 71

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.....
on the 23 day of Oct 1947, Registered Apprentice No.....
working under my personal supervision

Signed *Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address *Applinton City, MA*

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.