

No. 2  
OM-5-43  
Y. 5-17-39  
1 X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33812

FILED OCT 16 1947

State File No.

Registrar's No.

Registration District No. 43

Primary Registration District No. 2007

1. PLACE OF DEATH:  
 (a) County Butler  
 (b) City or town Poplar Bluff  
(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 \_\_\_\_\_ 14 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Butler 12  
 (c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL") 3  
 (d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Paul Wootton  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ethel  
 6. (c) Age of husband or wife if alive 41 years  
 7. Birth date of deceased March 3 1915  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	6	I	hr. _____ min.

9. Birthplace Rector Ark  
(City, town, or county) (State or foreign country)  
 10. Usual occupation M Comon labor

11. Industry or business \_\_\_\_\_  
 12. Name Tom Wootton  
 13. Birthplace Tom Wootton Ark  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mattie Reeves  
 15. Birthplace Rector Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Wootton  
 (b) Address Poplar Bluff Mo.  
 17. (a) Burial (b) Date thereof 9-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem, Ark  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address \_\_\_\_\_  
 19. (a) 10/8/47 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept, day 16  
 year 1947 hour 10 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation  
 Due to Drowning  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 128  
 (b) Date of occurrence Sept 16, 1947  
 (c) Where did injury occur? Poplar Bluff Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public River

While at work? no (c) Means of injury Drowning 3  
 23. Signature Thomas J. Cooney  
Poplar Bluff Mo Date signed 9/19-47

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

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7  
3

RECEIVED

District Health Office No. 2,

District File Number 1047-1319

Date Filed 10-13-47

OCT 16 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**