S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1947

Registration District No. 57

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42079

Primary Registration District No. 3028

Registrar's No. 264

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 3, Carthage
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ----------

3. (a) PRINT FULL NAME: BERYL L. WOOTEN
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Clifford R. Wooten
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 4 (Day) 1920 (Year)

8. AGE: Years 27 | Months 0 | Days 14 | If less than one day: hr. min.

9. Birthplace: Gillette (City, town, or county) Wyoming (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: at home
MOTHER FATHER
12. Name: Virgil Kimberlin
13. Birthplace: Reeds (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Lydia Chappell
15. Birthplace: Reeds (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Clifford R. Wooten
(b) Address: Route 3, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Dec 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri.
19. (a) 12-20-1947 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18 year 1947 hour 2 minute 15 p.m.
21. I hereby certify that I attended the deceased from April 1947, to Dec 18 1947; that I last saw her alive on Dec 18 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
pulmonary embolus	about 2 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NE
Of autopsy: NE

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: R. E. Reed M.D. (M. D. or other)
Address: Carthage Mo Date signed 12-20-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-976

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 Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.