

15 OCT 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22565
Do not insert in space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blair Primary Registration District No. 3019 Registered No. 291
 (c) City Independence (d) Street No. 407 N. Pleasant St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Minnie Compton

(a) Residence, No. 407 N. Pleasant St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James V. Compton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1873
 7. AGE YEARS 66 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTRY) Missouri

FATHER 13. NAME John W. Witchie

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Barbara Cierger

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT Miss Mayd Compton (ADDRESS) 407 N. Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 9-20-39

19. FUNERAL DIRECTOR (NAME) Off + Mitchell (ADDRESS) Independence Mo.

20. FILED 9-20-39 F. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1939 to Sept 18, 1939
 I last saw her alive on Sept 18, 1939 Death is said to have occurred on the date stated above, at 50 m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion 2nd MI
(Pt. postmort.)
 Date of onset 9/18/39

(Epicardial pain only)
 Other contributory causes of importance: ah

Name of operation none Date of 9/18/39 AM
 What test confirmed diagnosis? Radiogram Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (M.D.)
 (Signature) George V. Twyman
 (Address) Independence Mo.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, above space should be left blank.