

Registration District No. 1046

Primary Registration District No. 5810

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Rural Newton  
(b) City or town Rural Steel Creek Township  
(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 20 Years  
years, months or days)

3. (a) PRINT FULL NAME MARY E. COMPTON 51<sup>st</sup>  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife John R. Compton 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased JULY 15 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 2 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at Home

11. Industry or business \_\_\_\_\_  
12. Name William Dodson  
13. Birthplace Unknown, Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Carlisle  
15. Birthplace Unknown, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elda Earl Compton  
(b) Address Kansas City Mo  
17. (a) Burial (b) Date thereof 10-16-'31  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Saginaw Cemetery  
18. (a) Signature of funeral director Wesley Thompson  
(b) Address Neosho Mo  
19. (a) 10-16-31 (b) Ed D. Jarney  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Saginaw  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13  
year 1939 hour 10 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Oct. 7, 1939  
\_\_\_\_\_, 19\_\_\_\_, to Oct. 13, 1939, 19\_\_\_\_;  
that I last saw her alive on Oct 13, 1939;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart Attack

Due to Hypertension Duration Not known  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
\_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Dr. H. W. Herkell (Name or other) H. W.  
Address 2144 S. Main, Neosho, Mo. Date signed 10/16/39

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

REV. 5-17-39 I X1511

N. 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.

RECEIVED

District Health Officer No. 6,

District File Number 1039-2244

Date Filed NOV. 8 1939

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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.....

*Gail K. Gay*

....., Registered Apprentice No. 189

working under my personal supervision.

Signed *Carley Thompson*

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

**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.**