

FILED MAR 11 1940

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No. _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution No. (Specify whether)
In this community 52 Years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 538 Main Str. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd, 1940
year 1940 hour _____ minute 8: A.M.

21. I hereby certify that I attended _____ deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Rheumatic heart disease
Due to _____
Acute vegetative endocarditis
superimposed on a
chronic aortic and mitral
valvular stenosis

Duration
730

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Harry Compton,

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased. Dec 4 1899
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Elijah

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

14. Maiden name Lucinda Cook (City, town, or county) (State or foreign country)

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

16. (a) Informant J. Compton, J. I. Compton

(b) Address Kansas City, Mo.

17. (a) _____ (b) Date thereof Feb. 5, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington, Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster,
916 Brooklyn Avenue, K.C. Mo.

(b) Address _____

19. (a) Feb. 5, 1940 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature [Signature] (Specify type of place) (e) Signs of injury _____
Address [Signature] Date signed _____

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

L. H. Wise

Licensed Embalmer No. # 2570

P. O. Address Kansas City 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.