

FILED SEP 9 1943 66

Registration District No. _____

Primary Registration District No. 4536

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Palmer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Elizabeth Compton

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 Compton 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased November 2 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation care of home

11. Industry or business _____

MOTHER FATHER
12. Name Franklin D. Wickersow
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Sallie J. Wright
15. Birthplace Palmer Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Noel White
(b) Address Palmer Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Sutton cemetery

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge Missouri

19. (a) 8-31-1943 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Franklin, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 29 day Sunday
year 1943 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 20 to Aug 29 1943
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Hemorrhage
Right side
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) g3a!

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Purwell (M.D. or other) _____
Address Palmer Mo Date signed 8/31/43

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

RECEIVED

OCT 7 1948

District Health Officer No. 4
District File Number 943-2680
Date Filed 9-8-43

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 *C. J. Boyer*
C. J. Boyer, M.D., 910
Licensed Embalmer No. *1671*

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.