

JAN 12 1940

Registration District No.

50

Primary Registration District No.

5074

Registrar's No.

76

1. PLACE OF DEATH:

- (a) County Bates 7/13/39
 (b) City or town Mt Pleasant Twp. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mt Pleasant Twp 2
 (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

(Specify whether

3. (a) PRINT
FULL NAMEWilliam Everett Crompton8. (b) If veteran,
name war.no8. (c) Social Security
No.no

4. Sex

male5. Color or
racewhite6. (a) Single, widowed, married,
divorcedmarried

6. (b) Name of husband or wife

Rose Buhl Crompton6. (c) Age of husband or wife if
alive _____ yearsno

7. Birth date of deceased

Feb 2 24 1868
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

71103

hr. min.

9. Birthplace

Bates Co
(City, town, or county)mo
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

John M Crompton

13. Birthplace

Howard Co mo
(City, town, or county) (State or foreign country)

14. Maiden name

Angelina Elizabeth Hedrick

15. Birthplace

Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

John F. Crompton

(b) Address

Butler mo17. (a) Rural
(Burial, cremation, or removal)(b) Date thereof Dec 30 1939
(Month) (Day) (Year)

(c) Place: burial or cremation

Oak Hill

18. (a) Signature of funeral director

Bulvers

(b) Address

Butler mo19. (a) Dec 30 1939 (b) Mrs L Bulver
(Date received local registrar) (Registrar's signature)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Bates
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Mt Pleasant Twp.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1939 hour 7:30 P. minute _____ M.21. I hereby certify that I attended the deceased from July 1, 30
Dec. 27 30, 19____, to Dec. 27, 30, 19____;
that I last saw him alive on Dec. 26 30, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of stomach

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none

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)

_____ (Specify means of injury)

23. Signature

W. M. Rice (M. D. or other)Address Butler moDate signed Dec 28

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

1-40-15 B
1-12-40

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

A. Denton Lisle

Licensed Embalmer No.

4123

P. O. Address

Butler, 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.