DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22961

Registration District No. 11151 — Primary Registration District No. 4588 — Registrar's No. 12

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Kelso Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kelso Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community ~~[illegible]~~ 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott

(c) City or town Kelso (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Joseph Compass 512

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Compass

6. (c) Age of ~~husband~~ or wife if alive 69 years

7. Birth date of deceased May (Month) 15 (Day) 1866 (Year)

8. AGE: Years 74 Months — Days ~~30~~ 29 If less than one day hr. min.

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

10. Usual occupation Miller

11. Industry or business Milling Business.

FATHER
12. Name Moran Compass.
13. Birthplace Unknown (City, town, or county) France. (State or foreign country)

MOTHER
14. Maiden name Christina, Slatmann.
15. Birthplace Unknown (City, town, or county) France (State or foreign country)

16. (a) Informant's own signature Fred A Weeb

(b) Address Kelso Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6, 17, 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Kelso Mo.

18. (a) Signature of funeral director Bisphinghoff & Hubbard

(b) Address Illmo Mo

19. (a) June 18 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 8 1940 to June 14 1940 that I last saw him alive on June 8 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum of stomach — Duration 2 yrs

Due to

Due to 46

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Illmo Mo Date signed 6-16-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Mamie Bespling Hoff

Licensed Embalmer No. 3262

P. O. Address Chaffee Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.