

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

1. PLACE OF DEATH:
 (a) County Stone
 (b) City or town Rural - White River Twp.
 (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 _____
 years, months or days) 5 1/3

3. (a) PRINT FULL NAME JERRY CAROL COMPTON
 8. (b) If veteran, name war _____ 3. (c) Social Security 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 _____ years
 7. Birth date of deceased April - 5 - 1939
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 3 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Bert Compton
 13. Birthplace Branson Mo
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Emma Davis
 15. Birthplace Utah Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bert Compton
 (b) Address Sammy Lane, Mo.

17. (a) burial (b) Date thereof May 9 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Blue Eye, Mo

18. (a) Signature of funeral director none
 (b) Address _____

19. (a) May 9 1940 (b) Chester H. Scott
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stone
 (c) City or town Rural - White River
 (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.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 8
 year 1940 hour 6 minute 30 P. M.
 21. I hereby certify that I attended the deceased from May 6
 _____, 1940, to May 8, 1940
 that I last saw him alive on May 7, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 1 day
 Due to Fence staple lodged in esophagus 1 wk.
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 194
 Of operations 191
 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 Harry T. Evans (M. D. or other) MD
 Address Branson, Mo. Date signed 5/9/40

RECEIVED

District Health Officer No. 6,

District File Number 740 2370

Date Filed Mar 12 1949

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 _____

Licensed Embalmer No. _____

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, above space should be left blank.