

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39314
Do not use this space.

DEC 14 1940

1. PLACE OF DEATH

(a) County Morgan Registration District No. 597
 (b) Township Morgan Primary Registration District No. 5995
 (c) City 2 (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Howard O Jones Compton
 (a) Residence, No. Road - Morgan County, Mo St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Park
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. LER County Mo

FATHER 13. NAME Richard Compton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Martha O'Neal
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

17. INFORMANT Grace Compton
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopwell Cemetery 12/5/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Kidwell
Lexsailles, Mo

20. FILED 12/10 1940 H. E. Callison
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1940
 22. HEREBY CERTIFY, That I attended deceased from Jan 30, 1940, to Dec 3, 1940
 I first saw him alive on Nov 22, 1940. Death is said to have occurred on the date stated above, at 7:55 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 1-30-40
82 W
 Other contributory causes of importance:
arterial sclerosis
(paralysis) hemiplegia
left side 1-30-40

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. Hum, M. D.
 (Address) Lexsailles Mo

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.

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1763

Date Filed 12-11-40

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 _____

Licensed Embalmer No. 4021

P. O. Address Chesapeake, 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.