

No. 2
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43723**

JAN 25 1940 775

Primary Registration District No. **6020-a**

Registrar's No. **88**

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: Bonne Terre Hospital
(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 JOHN EDWARD COMPTON

3. (b) If veteran. **3. (c) Social Security name war** No. _____

4. Sex Male **5. Color of race** White

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

6. (b) Name of husband or wife Sara Belle Smith **6. (c) Age of husband or wife if alive** 23 years

7. Birth date of deceased Feb 9 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Bellville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired machinist

11. Industry or business _____

12. Name Edward Compton

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. G. Cole

(b) Address St. Francois, Mo

17. (a) Burial **(b) Date thereof** Dec 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director B. J. Cemetery

(b) Address 313 Benton Moore Ave Mo

19. (a) Dec 24 1940 **(b) N. W. Hawkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town _____
(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 Dec day 28
year 1940 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 28, 1940, to Dec 22, 1940;
that I last saw him alive on Dec 22, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Urinary cystitis of long standing **Duration** 1 year

Due to _____

Due to _____

Other conditions Urinary cystitis **Physician** J. J. Jones
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 David Ed Smith **(M. D. or other)** M.D.
Address Bonne Terre, Mo. **Date signed** 12/28/40

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.