

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2323 N. Campbell /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 2323 N. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Alexander A. Compton

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cora E. Compton 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased September 5, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Compton Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business Contracting

12. Name Jonathan P. Compton

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

14. Maiden name Mary F. Vass

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

16. (a) Informant Miss Florence Compton

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 6/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 6-29-41 (b) W. E. Haudley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1941 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from 6/23/41
19... to 6/26/41 19...;
that I last saw him alive on 6/26/41 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Duodenal ulcer
not malignant ?

Due to _____
Due to 11/10

Other conditions Hemorrhage from ulcer 2 da.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 W. E. Haudley MD (M. D. or other) CM.D.
Address Springfield, Mo. Date signed 6/27/41

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

1025

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 *Lewis G. Scharpf*

Licensed Embalmer No. *3809*

P. O. Address *Springfield, 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, fact should be so stated above.

X

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Greene } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 515

On this 19th day of August, 1941, before me appears Florence Compton, who, upon her oath, states that the original record of ^{birth} death for Alexander A. Compton died June 26, 1941, in the State of Missouri, and which was filed at Springfield on June 29, 1941, should be corrected as follows:

Item No. 7 should read September 6, 1866

Instead of September 5, 1866

Item No. 8 should read 74 years 9 months 20 days

Instead of 74 years 9 months 21 days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Florence Compton Relationship Daughter

2323 N. Campbell
Present Address.

Subscribed and sworn to before me this 19th day of August, 1941.

My Commission expires Dec. 6, 1944 Lewis J. Scherpf Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

521719

