No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35612

Registration District No. 609 Primary Registration District No. 5809 Registrar's No. 105

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

1. PLACE OF DEATH:
(a) County Newton #
(b) City or town Granby R.R. 2 W. BENTON
(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 Nine yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Newton 23
(c) City or town Granby R.R. #2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OLIVE G. COMPTON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Seth Compton
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Oct. 25 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	11	17	hr. min.

9. Birthplace Hall Co. Neb.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Louis Richard
13. Birthplace N.Y.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annette Fellows
15. Birthplace Michigan
(City, town, or county) (State or foreign country)
16. (a) Informant Seth Compton
(b) Address Granby R.R. 2
17. (a) Removal (b) Date thereof Oct 14th 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Birdsley Kansas
18. (a) Signature of funeral director G. E. Cohen
(b) Address Cassville Mo
19. (a) Oct. 12. 1941 (b) Oval R. Sale M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1941 hour 8 30 minute P. M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw her dead alive on Oct. 12 19 41
and that death occurred on the date and hour stated above.
Immediate cause of death Died of Natural Causes, Probably Organic heart disease
Due to Died Suddenly No Physician had attended her
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 95C
Of autopsy

Duration

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 3
23. Signature J. R. Reynolds Coroner (M. D. or other)
Address Neosho Mo Date signed 10-12-41

543

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1720
Date Filed NOV 12 1941

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 Me.

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville Ma

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

If this body is not embalmed, fact should be so stated above.