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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Bural Blue Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt # 2 Bundeschu Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 years
years, months or days

3. (a) PRINT FULL NAME BENJAMIN F Compton
3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virginia Lee Compton 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Jan 14, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name No record

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Miss Lake

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Lee Compton

(b) Address Rt # 2 Independence, Mo

17. (a) Bural (b) Date thereof 6/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cem

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 6-5-1942 (Date received local registrar) (b) James H. Cross (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Bural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt # 2 Bundeschu Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3
year 1942 hour 12 minute Midnight M.
21. I hereby certify that I attended the deceased from Home
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute perfringens edimia
Due to German measles with
chronic laryngitis and bronchitis
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 93d
Of operations _____
Of autopsy suicide

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) Means injury
23. Signature James H. Cross (Date received local registrar) 6/4/42
Address Independence Mo Date signed _____

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. 2467

P. O. Address Indeg. 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.