

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **2498**

FILED JUN 24 1943 149
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3247 Gillham Plaza
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)

In this community since 1903

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. no. 3247 Gillham Plaza
(If rural, give location)

(e) Citizen of foreign country? X
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Benjamin F. Compton

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Leta Compton

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 4 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>0</u>	<u>27</u>hr.min.

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

10. Usual occupation Baker

11. Industry or business X

MOTHER FATHER

12. Name Benjamin F. Compton

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

14. Maiden name Nancy Reines

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

16. (a) Informant Mrs. Leta Compton

(b) Address 3247 Gillham Plaza, Kansas City, MO

17. (a) Burial (b) Date thereof 6-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-2-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
* year 1943 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 11-43
to 6/11, 1943
that I last saw him alive on 6/11 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis & embolus

Due to 94a

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

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? _____

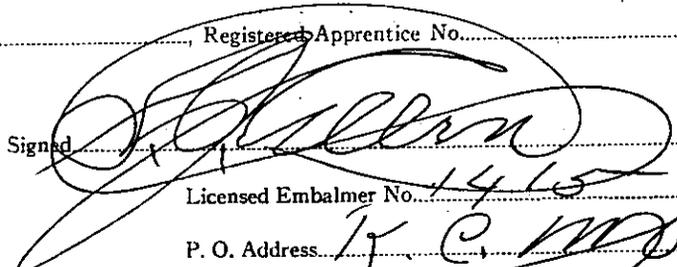
While at work? _____
(Specify type of place) (Means of injury)

23. Signature E. C. Rummy (M. D. or other) MD
Address 3114 1/2 E. 13th St Date signed 6/2-43

Dr. F. C. Rumsey

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. 1465

P. O. Address. F. C. Rumsey

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.