

FILED JUN 29 1944

Primary Registration District No. 1002

Registrar's No. 2570

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:
4059 Central Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 47 years | _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4059 Central Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alban Graves Compton
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17th
year 1944 hour _____ minute _____ M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel B. Compton 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased October 22nd 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him Deputy Coroner _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>25</u>	hr. _____ min.

Immediate cause of death Broncho pneumonia
Due to Fracture of hip
Due to injury by fall.

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: 186a 5
Of operations 18
Of autopsy History

10. Usual occupation Retired Clerk
11. Industry or business Santa Fe Rwy's.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Robert W. Compton
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah W. Brown
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel B. Compton
(b) Address 4059 Central Street

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence June 1944
(c) Where did injury occur Home, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 6-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street, K.C., Mo.

While at work? No. (Specify type of place) (c) Means of injury Trauma

19. 6-19-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature A. G. Usher (M. D. or other) 7/19/44
Address 251 McCoy Date signed _____

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

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 *Walter H. Erwin*
Licensed Embalmer No. *4352*
P. O. Address *Kansas City, Mo*

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

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