

S. No. 2  
OM-5-43  
v. 5-17-39  
I X38671

**FILED** SEP 29 1945

Registration District No. 7

Primary Registration District No. 3000

Registrar's No. 216

**1. PLACE OF DEATH:**

(a) County Adair  
 (b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Ellie Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day (Specify whether  
 In this community Life  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Adair /  
 (c) City or town Kirksville  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. Rural Route 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

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

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept. day 9  
 year 1945 hour 6:00 minute P. M.  
 21. I hereby certify that I attended the deceased from 8-28-45  
 to 9-9-45 19... to 19...  
 that I last saw her alive on 9-9-45 19...  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife. Jeremiah Compton  
 6. (c) Age of husband or wife if alive. 10 years  
 7. Birth date of deceased. Dec. 10 1870  
(Month) (Day) (Year)

Immediate cause of death.  
Cancer of the stomach  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

8. **AGE:** Years Months Days If less than one day  
74 8 29 hr. min.

9. Birthplace Coles Co., Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER { 12. Name Van Clem  
 13. Birthplace Unknown Missouri 0  
(City, town, or county) (State or foreign country)  
 14. Maiden name Louisa Thompson  
 15. Birthplace Unknown Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Compton  
 (b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 9/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation. Mt. Carmel Cemetery

18. (a) Signature of funeral director D. E. Riley  
 (b) Address Kirksville, Missouri

19. (a) 9-25-45 (b) M. L. Wayne  
(Date received local registrar) (Registrar's signature)

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 R. R. Ellis 0  
 Address Kirksville, Mo. Date signed 9-15-45

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

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

1047

OCT 1 1945

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 *Der Riley*

Licensed Embalmer No. *4181*

P. O. Address *Hicksville NY*

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.