S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32600

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4228

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: St Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days. (Specify whether years, months or days)
In this community 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 199
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 14
(d) Street No. 730 Splitlog (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Compton, Mrs ~~George~~ (Juliana)
3. (b) If veteran, name war no
3. (c) Social Security No. none.
4. Sex F
5. Color or race W
6. (a) ~~Single, widowed~~, married, divorced married
6. (b) Name of husband or wife George Compton
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Sept 23 (Month) (Day) 1923 (Year)

8. AGE: Years 22 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name Harley Beets
13. Birthplace Sandusky (City, town, or county) Mo (State or foreign country) 0
14. Maiden name Edna Hays
15. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)
16. (a) Informant George Compton
(b) Address 330 N. 7th Street K.C. Kans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-45 (Month) (Day) (Year)
(b) Place: burial or cremation Mt Moriah Cem
18. (a) Signature of funeral director Geo F. Porter & Sons
(b) Address 915 N 10 Kansas City Ks
19. (a) 10-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 45 8 hour 25 minute P.M.
21. I hereby certify that I attended the deceased from Sept 24 45, to Oct 13 1945 that I last saw her alive on Oct 13 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Bi-lateral Pelvic Pyonephrosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations 134 a	
Of autopsy	

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
23. Signature (M. D. or other)
Address 1019 Post Bldg Date signed 10/14/45

(Licensed Embalmer's Statement on Reverse Side)

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 Howard L. Porter

Licensed Embalmer No. 3757

P. O. Address 915 N. 10th K.C. Ks

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.