

FILED DES 17 1945
Registration District No.

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
105 So. Hartnett Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 Years
years, months or days

3. (a) PRINT FULL NAME Lytton Rufus Compton

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-17-0232

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell Compton 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased November 15 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 11 If less than one day hr. _____ min.

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

10. Usual occupation Clerk (Curtiss Wright Corp)

11. Industry or business Airplane Industry

MOTHER FATHER { 12. Name Louis Y. Compton
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Tommie Pillow
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Compton

(b) Address Ferguson, Missouri

17. (a) Burial (b) Date thereof 11/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (c) Signature of funeral director White Funeral Home
Ferguson, Missouri

19. (a) 11-26-45 (b) E. S. M. Gannan, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 105 So. Hartnett Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1945 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Death without
medical attendance. to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to 99a

Due to _____

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

Major findings: Of operations _____

Of autopsy No 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? _____

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

23. Signature Edward G. ... M.D. (M. D. or other) _____
Address 601 Brentwood Blvd. Date signed 11/26/45

200 1780 015 114

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 H. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.